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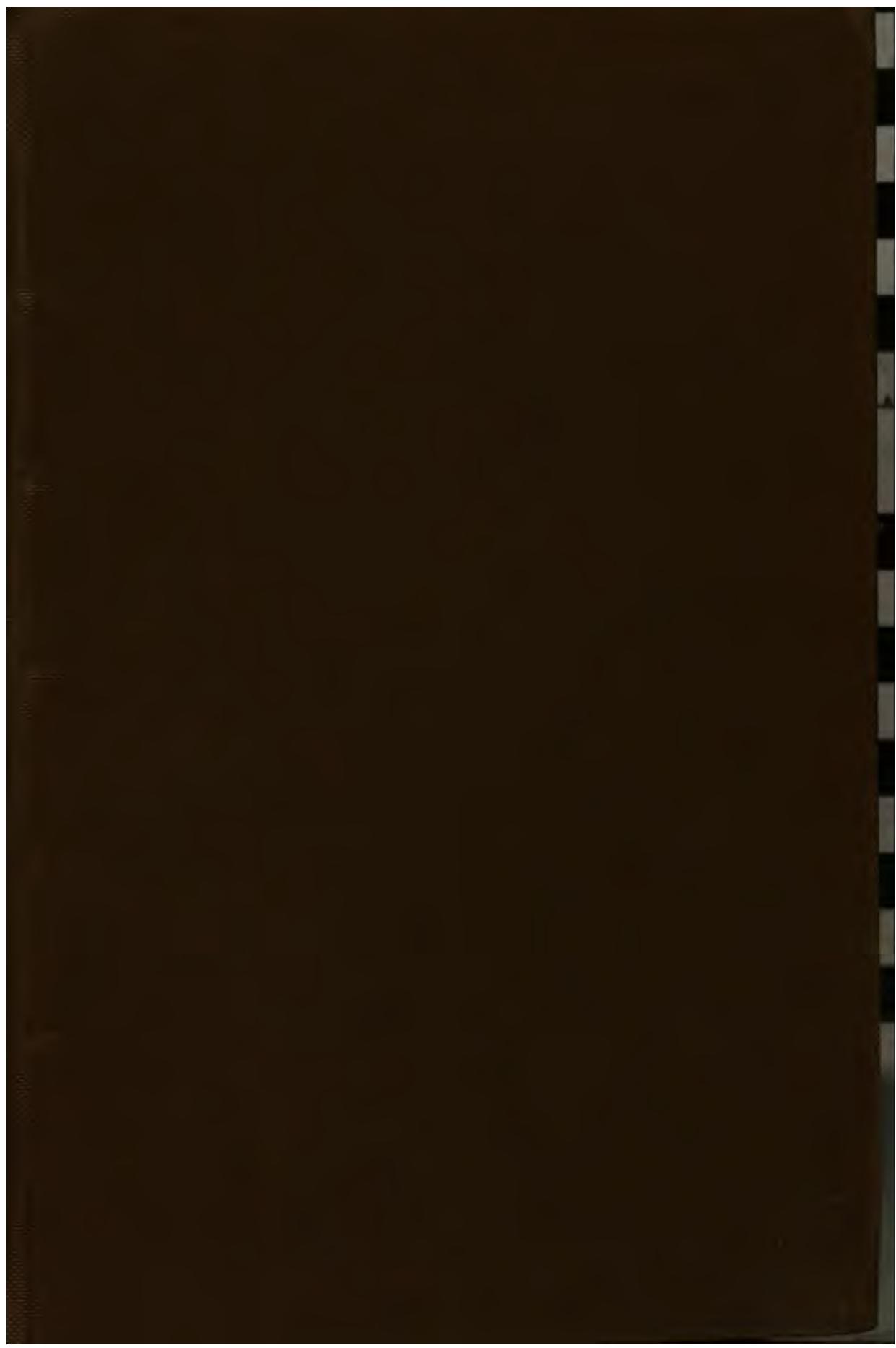
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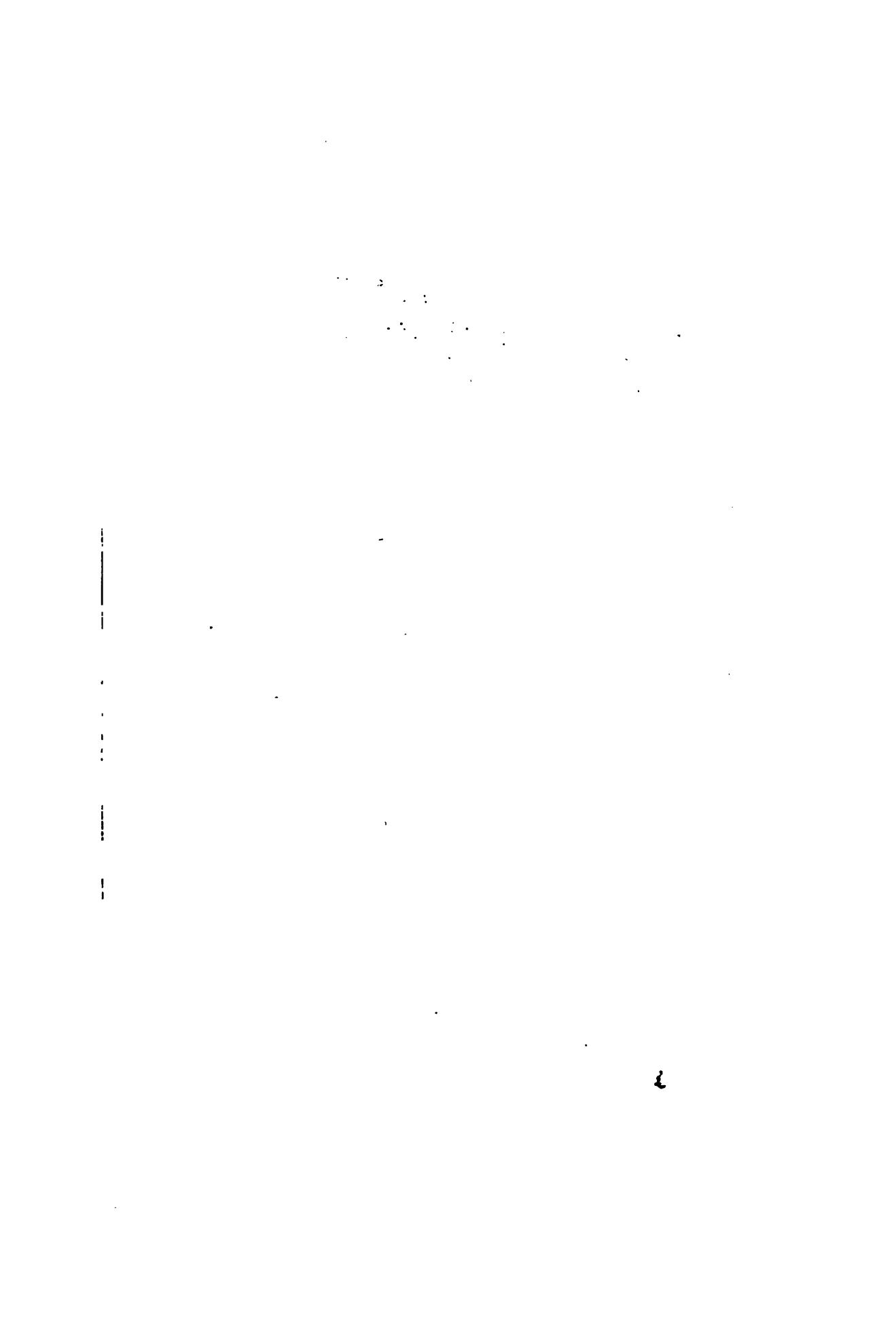
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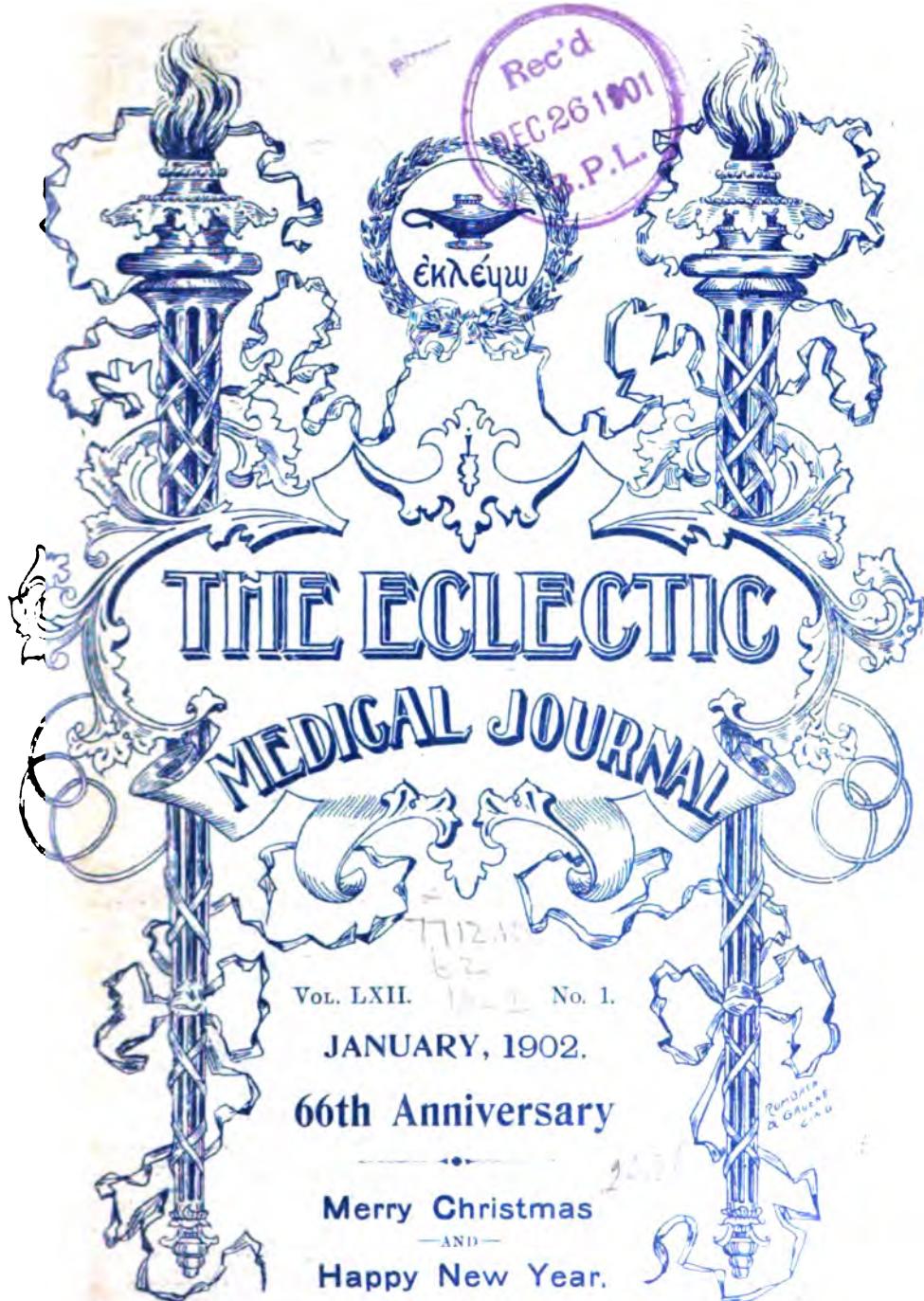








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EDITOR.

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ARSENALURO ACTS
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ORIGINAL COMMUNICATIONS.

THE STRINGTOWN GROCERY AND THE VILLAGE CIRCLE.*

By John Uri Lloyd, Cincinnati.

THE village circle in the grocery of Mr. Cumback, was fairly complete that evening, a representative body of citizens, as usual, having assembled at early candle-light. The illiterate Corn-Bug, Colonel Luridson, the village clerk, little Sammy Drew, the widow's son, Judge Elford, Professor Drake, and others whom we need not name, were present. The man who attempted to tell the first story arose, and for a moment stood with downcast eyes, as if undecided how to begin.

"Sit down, Sheepshead," said Chinney Bill Smith.

"Who's a sheepshead?"

"Hold your head to the stove while I tell a story that came to mind when I catch you trying to move your jaws. Warm your head, I say."

The man addressed as Sheepshead sat down, while the members of the circle turned to the intruding speaker.

"Men, et isn't generally known, but et's a fact, that in one county in Kaintuck the women are not allowed to eat any kind of meat but mutton."

"What'er you givin' us, Chinney?"

"Facts, gents, by the great Sam Hill, facts; but 'lessen you promise not to tell the secret, I'll not give the snap away. Et's a valuable diskivery, and ought to be patented; some men would give their farms to know et. Cross yer hearts not to tell."

By permission of the publishers we are enabled to give our readers, as a Christmas treat, this chapter from Warwick of the Knobs that carries much of both mirth and pathos. It is covered by copyright.

"We're mum, Chinney."

"Well, here's the story as told me by Captain Sam Hill. Colonel Jargon, who died over on Blue Gum Fork 'bout ten years ago, said thet when he served in the Mexican War, fer about six months the soldiers didnt get nothin' to eat but sheep. Et war sheep fer breakfast, sheep fer dinner and sheep fer supper. When et war not lamb et war sheep, and when et war not sheep et war lamb. The men didn't think much 'bout the grub ; they were glad to git sheep. The weather war hot and et war late before the frost come, and all this time the men war eatin' mutton. One hot night the company turned into their bunks as usual, and durin' the night a norther slipped down, and next mornin' the air war full of snow. When the men turned out et war found thet every man's jaws war set tight. Not a feller could git his teeth apart. Et war a sudden attack of a new complaint. The doctor hadn't never heard of sich a disease, and he had cotched et, too. Long 'bout nine o'clock the clouds broke and the sun come out, and then the men's mouths begun to open. Et war a curious affliction. The next night another frost come, and the next mornin' the men hed the same trouble ; their jaws were shet tight ag'in. The doctor gave et up as a new disease ; he wrote a scientific paper for a medical journal and gave et a long latin name, Mexicojawsheet, er somethin' like thet, an' fer writin' thet paper he got a promotion and when the war war over he war made perfessor in one of the oldest colleges in America.

"But old Nigger Sam, the butcher, laughed at the men, and said the disease wouldn't hurt 'em ; and as he war the only man free from the complaint, he war watched to see of he war usin' any nigger cure. Et war found that when he got out of his bunk in the mornin' he soaked his head in hot water the first thing, and when the captain called him up to explain he gives the whole snap away. Et didn't make no difference while the weather war warm, but— " Chinney Bill stopped.

"Guess what caused the disease," he asked.

"The subject's too deep for me," answered the village clerk.

"Give it up, men?" Chinney appealed to the circle.

"Yea. What was the trouble?"

"The fact war, the heads of them men hed got so full of mutton taller thet when thet cold spell struck the camp et sot into a solid cake, and thet cake of taller held their jaws shet. After thet, when the air war frosty the cook war ordered to stay up all night and boil water, so that the next mornin' the sojers could thaw the taller in their heads without waiting fer the sun to rise. The sojers kneeled down in a line with their heads stuck out like turtles, and the cook went down the row pourin' bilin' hot water on 'em as reg'lar as the sun rose."

"What are you givin' us?" asked an old farmer.

"God's truth, es sworn to by Colonel Jargon, who died on the Blue Gum Fork 'bout ten years ago. When he come back from the war,

he never give his wife no meat but mutton. The men 'bout diskivered the reason fer his dietin' his ole woman, and that's why in thet county the women ain't none of 'em fed no kind of meat but mutton."

"Guess the taller in your head is sof'n'd now," the facetious story-teller continued, and seated himself amid clapping of hands, while the man addressed as Sheepshead (and who ever afterward was called Sheepshead) arose. But before he began, Colonel Luridson interrupted.

"Sheepshead, if you please, sah, I would like to ansah a queestion the judge asked just now, and will be obliged, sah, if you will grant me the honah of the floah, sah."

Down sat the man again, while Colonel Luridson continued.

"Well, sah, some people think they know what makes a fust-class hotel, but I tell you, gents, there is no use in leaving Ole Virgnny or Kaintuck if you want to live high, sah. I have tested the mattah, sah, and am not talking at random. Some years ago I was traveling through the North, sah, and fell in company with a very polite man, who was complainin' about the board down South. He had been through the South once, and in a very genteel way announced that no hotel South could be called fust class. I took issue with him, as in honah I was bound to do, and asked him if he thought the city of Cincinnati, which we were approaching, could brag of a fust-class hotel. Yes, he said, the Spencah House could not be beat anywhah in the world for genteel refinement, or for fust-class accomodations. I took out my pocket-book, sah, and told that gent, my pile aginst his, the Spencah House, where we proposed to stop, wah not in the fust rank, sah, and that any tavern South could give it pointers concerning accommodations due a gentleman, sah. He pushed back the money, but said that since we wah both intending to stop there, we could easily test the mattah without betting.

"All right, sah, you ordah the rooms, and if all the arrangements for a gentleman's comfort are to be found in them, the treat will be on Luridson, sah.' I found that the Spencah House was a finely arranged tavern in some respects ; there was apparently little to be desired, sah, but when that little is the essential part of life the superfluities do not count. There wah carpets on the floah of the halls ; there wah niggers in every corner of the office ; there war as polite a gentleman, with as neat a shirt bosom and as fine a pin, as you ever saw, sah, behind a hotel desh. 'Take the gentlemen to their rooms,' he said, and, addressing me, 'If there is anything wanting let me know, sah.'

"'Certainly, sah.'

"As soon as I stepped into the room I saw at a glance that no preparations for real comfort had been made. There was a richly dressed bed, sah : a fine looking-glass, a bureau fit for a wedding trip, lace curtains, thick carpet, two or three rugs, sah; hot and cold water to wash with—to wash with, sah. The stranger stepped into the room

as I did, and stood watching me as I turned from one object to another, looking for the very necessaries of life ; and at last, as I turned back to him, he asked, 'Anything wanting ?'

"There is, sah. It is as I told you. The room is for misses and children, and the first requisite for a gentleman's rest and comfort is wanting from this tavern, sah. When you get North of the rivah, sah, there is no evidence of true hospitality, sah."

"He stood looking at me, as if lightning had shocked him.

"The place speaks for itself,' I said, and I pointed to the washstand. 'There is hot water, sah, but it is for the babies to wash in, sah. There is a lonesome glass, one glass, my friend,' and I pointed to the tumbler, 'one glass. A gentleman expects company, sah, and it is the duty of a tavern-keeper to prepare to lodge gentlemen. There is no sugah on the bureau ; there is no sugah on the washstand. Are we roustabouts ; are our throats copper-lined, sah ? When a gentleman travels all day and comes to his room with a dusty throat, a smoke-dry tongue, parched lips, and a bottle of fine old Bourbon in his valise, looking for home comforts and hospitality such as he pays for at foah dollars a day, he should have some consideration shown him. No, sah, carpets and looking-glasses are well enough in their place, but if a tavern cannot afford comforts for a gentleman of cultah it had better make less display of such things as these. What's the use of hot water, if you can't get a glass undah the spout ; and where's the comfort of life with only one tumblah, no sugah, no mint, and two gents ?'

"No sah, the Spencah House is outclassed by any Virginny or Kaintuck tavern with bare floors and wood banisters, sah. She will have to climb up higher, sah."

After Luridson had finished his story and the members of the circle expressed their appreciation, Mr. Wagner, the village clerk, abruptly asked Judge Elford :

"Judge, do you remember the answer Tommy Golding gave you when he appeared as a witness in the case of Tom Snobbins, who got into trouble for fighting in the barroom of the Williams House?"

Judge Elford smiled. Notwithstanding his dignity when on the bench, and his reserve and stateliness when duty called, Judge Elford when among his neighbors was as genial and cordial as any member of the circle, and even enjoyed a joke that was occasionally told at his own expense.

"Can I give it, judge?"

"Stand up," cried the chorus ; "stand up."

The judge nodded and the lank clerk uprose.

"Some years ago the bar of the Williams House was in one corner of the building ; but the house sat too far back from the pike for convenience, and when Dutch Joe opened his saloon across the road, business suffered. In order to meet this competition, a separate room was built near the pike. Tom Snobbins and Lon Cumfrey fell against

each other in the barroom one day and got ugly, each swearing the other was drunk. They didn't get to blows, but one word followed another, and finally a feud arose ; they got into law and the case came up before Judge Elford." The speaker winked at the judge.

"Tommy Golding, the Irish hostler, who also assisted as barkeeper of the Williams House, was the sole witness of the quarrel, and in giving his evidence the lawyer asked a formal question concerning the exact location of the barroom, and whether it was in the tavern proper or detached. The judge didn't catch Tommy's reply and directed him to repeat his words.

"An' phwat quistion air ye axin', jidge?"

"Where is the barroom of the Williams House located? Is it a part of the tavern, or is it in a separate building?"

"An' phwat air ye givin' me, jidge? As moiny toimes es oi have seem you standin' up to thet bar a-takin' of a dhrink, an' now you do be axin' sich quistions av the loikes av me.' "

Great applause followed this satire.

"It's your turn now, judge," cried a spectator

"Yes," chimed in the circle, "you're in for it, jidge."

"I beg to be excused, gentlemen. I have already, it seems, contributed my share to the evening's entertainment. Let us hear from Professor Drake, who seems to have a severe attack of the blues this evening."

"A penny for your thoughts, professor," said a bystander.

"I am thinking of a child. What leads my mind from these scenes and your trivial stories to him? They have nothing in common. I am thinking of a dirty face, a *dirty* face," he repeated, and lapsed into silence.

"Tell us about the dirty face."

"You are acquainted with the little house just above the mouth of Mt. Carmel Pike, the house in which old black Ephraim lived, and which, since his disappearance, has been deserted ; windowless it has stood these many daya."

Professor Drake rested his voice a second and then continued. "It is empty again." Following this short sentence came another interlude, when, as though by an effort, he added, "A *very* dirty face."

What could be troubling our village teacher? Never before had we heard him speak in so desultory a manner. Then he proceeded :

"Shortly after the beginning of the last school session a gentle tap came on the schoolroom door. I opened it and ushered in a boy about ten years of age, leading a younger boy by the hand. They stopped and looked about in a frightened manner and seemed inclined to retreat, when I said, in a pleasant tone, 'Don't be afraid, children. Do you wish to attend school?'

"We do, do we, Jim and me,' spoke the older one in a drawling monotone. He held out his hand, and in its palm rested a bright silver quarter.

"Mam sed fer us to come ter schule 'til the wuth ov this war taken out in larnin'."

"Dirty and ragged were these boys, dirtier and more ragged than ever children before were seen in the Stringtown school. I returned the money and seated them on the end of a bench, away from the other children, with whom it was questionable whether they should come into personal contact. That night they were detained after school and I got their history. They came from Grassy Creek, and with a sot of a father (as I learned afterward) and a mother little, if any, better than he, lived now in the house deserted by black Ephraim.

"Be sure and wash your faces before coming to school to-morrow morning," I said as they were dismissed. Next morning they came with clean faces, but in a few days were as dirty as before. This time I spoke more positively.

"You *must* wash your hands and faces before starting to school." Again the faces were clean, but within a week they were as dirty as when first I saw them. Gentlemen, I pleaded with, scolded, threatened those children. I exhausted every power of persuasion and vainly exerted every possible influence. Had they seemed at all provoked, or had they resented my attempts to reform their slovenly habits, I should have been delighted; but their disposition was amiable and their deportment exceptionally good.

"Yes, sir," they would answer when I gave my customary order concerning clean faces. "We'll be clean ter-morrer," and for that once they would be clean, but not clean again until I gave the next positive order.

"Friends," and the professor now spoke to us directly, "men should weigh carefully their words. Who can tell when a hasty word will turn to plague one's self? 'Jimmy,' I said one day to the younger boy, 'you provoke me beyond endurance. Do you intend to go through life with a dirty face? Do you intend to be a dirty-faced man?'

"The child had been languid all that day. I can see now what I did not observe, then, languid, spiritless, dirty. He looked up at me quickly; his black eyes peer at me yet. Ignoring my reference to the dirty-faced man, he asked:

"Kin a 'dirty boy' git' inter heaven, teachah?"

"No, 'only clean children can go to heaven.'

"I wants ter go ter Heaven, fer I'm tired ov livin'. Mam, she's in her cups ag'in' and pap's in jail. Guess these clean children in schule hain't got my mam and pap, else they wouldn't always be clean." He looked at his little brown fingers.

"We hain't no soap in the house, teachah, an' we hain't no stove ter heat water on. We frys our bacon and hominy in a skillet, when we have any bacon, and bakes our corn pone in the ashes. Guess ef some ov these other children hadn't no soap and no hot water and had a drunk mother their faces wouldn't be so clean frosty mornin's. I breaks the ice in a pan when I washes. It's awful cold, teachah, and the dirt sticks mighty bad."

"Does God keep children out of heaven fer havin' dirty faces, ef—
the child hesitated, did not complete the sentence, but abruptly
added, 'I'll have a clean face, teachah, when you see me ag'in. I'm
awful tired now, and I didn't have no breakfast.'

"The two children turned to go, and go they did without a word
from me. My heart was in my throat, remorse was in my soul. 'I
will apologize to-morrow in some way,' I said to myself; but no dirty
children came on the morrow, nor yet the next day, nor the next.
Never again did those little ones dirty or clean, come to school, hand
in hand, as was their wont, never." A tear glistened in the teacher's eye.

"One morning a gentle knock sounded on the schoolroom door, just
such a knock as ushered in the children that first day, and, strangely
enough, I thought of Jimmy and his brother before opening the door.
In stepped the brother alone. He stood before me with clean face,
but his countenance was peaked and thin, very thin. Teachah,' he
said, 'Jimmy wants yer ter come an' see him.'

"Why did he not come with you, Johnny?

"He can't come. He's dead."

"Could any blow have crushed more directly on my heart? I stood
stupefied. Tell me about it, child."

"Jim took the fever the nex' day after you told him 'bout heaven.
He died this mornin'. But he knowed he war goin' ter die, and he
said ter me, "Brothah, I wants ter go ter heaven, whar thar ain't no
dirt, ner fights, ner whiskey. Take the quartah the teachah give us
back, an' buy soap with it and' scrub the shanty floah an' my duds,
and wash' me clean, fer I may die sudden." And I did, teachah, and
the good doctor brought Jim some fruit and some goodies, but 'twan't
no use.

"He war awful hungry all his life, but when the goodies come et
war too late, and he couldn't eat. He jest laid still and fingered the
orange, and then handed et to me. "Eat et Johnny, and let me see
yer eat et." I did, teachah. Thar warn't no one in the room but
Jim'n me, and he laid still and smiled es pleasant like es ef he had
eaten et himself. This mornin' Jim sed, sed he, "Brothah, wash me
clean an' put the sheet on the bed." We hain't but one sheet, teachah.
And then he said, "I wants a clean face, fer I'm goin' ter try and git
inter heaven, brothah, and when I'm dead, tuck the clean sheet close
'bout me and comb my hair, and then go fer the teachah. Tell him
ter come and see how clean I am in the new clean sheet, and ax him
if he thinks I'll git inter heaven."

"The child stopped. I could not speak. He mistook my emotion
for a denial of his request.

"Please, teachah. You told Jimmy how ter get ter heaven, and he
war clean when he died. Won't you come and see him?"

Professor Drake covered his face with his hands. More than one
rough face about that Stringtown grocery was tear-streaked.

"Is that all?" asked Judge Elford.

"That is all," replied Professor Drake. "As I have said, the cabin is empty again. The dissolute mother and Timmy's brother have gone back to Grassy Creek."

SUGGESTIVE THERAPEUTICS.*

By Prof. E. H. Pratt, M. D., Chicago.

AMONG honest, earnest, truth-seeking souls, whether in or out of the practice of medicine, disagreements and prejudices are rare, and when they do occur are the result of misunderstandings, which, of course, imply ignorance or error on somebody's part. As peace fosters growth and progress perfectly unobtainable by conquest, is it not our duty as true Americans to seek mutual understandings, rather than argue ourselves into unpleasant attitudes? Ought we not to be sure to understand ourselves and also each other before we form opinions and make decisions? Bigotry blurs and distorts our perception of truth, and ought to be discouraged; so does prejudice; so do intolerance and all forms of narrow mindedness.

There is but one attitude which is safe for a doctor or any other student of life to maintain, and that is the attitude of a truthseeker wanting what is right rather than that his own preconceived notions shall prevail. The genuine truth seeker maintains throughout life the attitude of patient inquiry. He tries to understand rather than to misunderstand; he tries to learn rather than to dispute; he tries to acquire rather than to combat; he seeks knowledge instead of dogmatism—is willing to correct mistakes; is willing to re-adjust himself as new light makes it necessary, and in his championship of what he believes to be right and true, holds himself in readiness to change his present views for better ones as increased knowledge renders it necessary. As knowledge advances a genuine student advances with it, and much of his time is spent in unlearning his earlier lessons in life. Truth is never inconsistent with itself, however, and so whatever he learns that is absolutely true early in life, will never have to be changed. But appearances many times are deceptive, and when increased knowledge proves them to be so, they should be quickly and gladly abandoned.

Personally my ideal of a doctor is that of a genuine truth seeker, and if yours is the same, I am quite sure that nothing to which your attention will be invited in the present paper will arouse antagonism or criticism.

I am not here as a pioneer of new thought, as a champion of an unappreciated cause, but rather as a peacemaker in the hope of clearing away any misunderstanding that may exist concerning the subject under consideration. Truth does not need human championship; it will take care of itself, and our attempts to fight for it will simply im-

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pede its progress. It is all right for us to study and understand and explain, but it seems to me useless to attempt to convince. Why should our man try to convince another? Why not let him convince himself, as he is most sure to do if his freedom of thought and action is not endangered.

Undoubtedly every one in the present audience considers himself a truth seeker, and if there is any argument between us it will probably be my fault in not giving the truth as it appears to me sufficient justice in expression; so that whatever discussion arises will come from inadequate forms of expression, rather than from any disagreement as to truth itself. Physical language is such a gross means of communication, the same word having almost as many shades of meaning as there are persons who employ it, that it is not at all strange that medical meetings, like other associations of men, should be characterized by extreme differences of opinion; but if everybody tries to understand everybody else, and allows for the imperfection and inadequacy of verbal expression, the subsequent talk upon any sincere paper will be in the line of mutual explanations, rather than the more unfortunate ones of unfriendly criticism and unproductive argument.

These remarks are not intended as a plea for your compassionate and charitable handling, but simply general remarks which are applicable to all the papers presented before your meeting at all of your sessions. I simply mean that if each of you desire to obtain the most help possible from your fellows you must be very sure that you understand before you attempt to criticize. And now to the subject proper, viz., *Suggestive Therapeutics*.

The Christian Scientists make use of suggestive therapeutics, but have so much error and fallacy in their philosophy that their teachings are in most part a delusion. They are not friends of mine, nor I fancy do they stand well with you. Their hostility to long established and well approved measures of healing familiar to doctors, is wholly uncalled for and unjustifiable. Whatever of truth they stand for is not inimical to the practices of physical medicine, and their antagonism to us is merely a product of their personal ignorance, prejudices and bigotry. While they deny the power and even the existence of matter as an entity, they are not averse to good cooking, good clothing, pleasant surroundings, congenial physical environments of all kinds, and everything else that pertains to good physical living. In everything else they would correct physical troubles by physical measures, and their exclusion of physical help for the physical body where it is evidently in need of physical adjustment, and for which there has long been adequate physical aid, is simply a cloak for their ignorance of physical measures. They are unfair, illogical, misguided body of enthusiasts, who are employing the wonderful power of suggestive therapeutics to the damage of its reputation and to the infinite harm of themselves and the rest of the world. Whatever of truth they stand for I am in sympathy with, and I presume you are in so far as

you are aware of it, but with their errors and inconsistencies I have little patience, for they are so evidently a product of ignorance and avarice. Being somewhat familiar with their philosophy, I should enjoy considering its various tenets seriatum, and attempting to separate the true and the false in their teachings step by step, but to do the subject justice would require more time than the present opportunity permits. But as the power which they wield is purely that of suggestion, in considering the subject of suggestive therapeutics, it is proper to refer to them as an illustration that suggestive therapeutics, while it is a power for good, can also be used to the detriment of its victims, just in the same way that drugs and the scalpel and every other means of healing can be abused. Any power or force that can do good can be perverted, and the fact that Christian Scientists make harmful use of suggestive therapeutics is no argument against this means of cure, but merely against those who employ it improperly and hence unworthily.

These arguments apply with equal force to the practice of hypnotism. Since the days when Mesmer first succeeded in obtaining undue influence over a fellow being medical men have opposed with more or less violent antagonism the employment of hypnotism, not only for exhibition and scientific purposes, but also as a means of cure. In hypnotism there is much that is weakening, harmful, and in every way undesirable as a remedial measure. I feel confident of the endorsement of the present assemblage of medical men in expressing condemnation of its indiscriminate employment for healing purposes. Like Christian Science it is an objectionable type of suggestive therapeutics; for, while it demonstrates the power of suggestion, its manner of application is so uncanny and undesirable as to be extremely forbidding and unworthy of professional endorsement. But, although Christian Scientists delude with it, and hypnotists hurt with it, is there not a legitimate employment of suggestion in certain cases to which medical men could and ought to give attention?

But what is suggestive therapeutics anyway? How much there is in a name! Suggestive therapeutics! The high sounding title strikes us as something of a stranger—sort of a new and pompous candidate for medical recognition. But take off the mask of its high sounding name, and see if you do not recognize the features of the oldest remedy ever used by doctors in the healing of the sick. Instead of using the term "suggestive therapeutics," suppose we employ the old word by which the same power has been known throughout the generations past, merely stripping off this stilted title and putting on the old clothes in which the same thought force was expressed, and then decide, if you find yourself prejudiced against the subject of suggestive therapeutics, whether the prejudice is not the result of a misunderstanding rather than a real difference of opinion. What are the old clothes which this power used to wear among medical men? What is the old name that this so-called "suggestive therapeutics" used to go by?

I am sure that as soon as I mention it you will all at once recognize not only an old friend, but the fact that this old friend is the same one which, newly dressed, is seeking for a new recognition. All that suggestive therapeutics stands for has been known to you, to me, and to all our predecessors under the homely name of *advice*. Was there ever a doctor who did not give advice? Haven't doctors asked for the smiles of their patients and tried to dry their tears? Haven't they endeavored to argue their patients out of states of anger and into conditions of kindness and charity? Haven't they tried to dispel jealousy and to instil tolerance? Haven't they fought against the skepticism and misanthropy of their sick ones, and sought to implant trust and hope and confidence instead? Haven't they recognized that fear and anger and worry and jealousy and lust and greed, and all other unworthy sentiments of the human heart, were inimical not only to happiness, but also to health, and haven't they found it necessary in order that their patients might convalesce from their sicknesses, that they should be calm and quiet, instead of restless and uneasy; that they should be cheerful and hopeful and expectant, rather than apprehensive and troubled and dissatisfied? Haven't they done what they could to stop fretfulness and establish patience? Haven't they struggled all along the years, endeavoring to secure a healthful and harmonious mental and emotional attitude for their patients as an essential element in their physical cures?

Have you ever advised patients to forgive and forget, to change their scenes and surroundings, to seek diversion and entertainment, and by other means change their focus of attention, holding their minds on what they want as much as possible, and ignoring what they do not want? Haven't you often advised a patient that his sickness may be cleansing and purifying to him, and in reality turn out a means of great benefit to him, thus helping him to a proper interpretation of conditions so as to avoid his fretting and restlessness? Have not only you and I done so, but has not this been the practice of doctors throughout their history? Why, the practice of medicine first started with priests; the world's spiritual advisers were its first physical advisers, and although the streams of knowledge, both of psychics and of physica, have so widened with time that to be a professor of both on the part of any man would be to do an injustice to both, and so that one in choosing must incline to one type; nevertheless, those who selected the physical functions and forces as their life studies have by no means relinquished all traces of the relationship between the physical and the psychic forces.

Doctors not only prescribe drugs, not only employ surgery, not only use all physical forces that sustain a good reputation with them for healing the sick, but they also advise and they will continue to advise as long as they practice the healing art, and when they cease advising they will be no longer healers.

Any doctor's chief desire is to inspire faith and confidence in his

patients. He would rather be told that his very presence did them good than to give the reputation to any drug or other physical measure he may prescribe. So long as the patient's faith in him is strong and steady he considers that one of the essential conditions for his success with the case is assured. To pacify his patient, to please his patient, to keep control of his patient, to continually direct his patient is his constant effort and ambition, and a doctor is successful to a large extent in proportion as he is believed in and trusted; so that if one just stops to think about it he will quickly realize that doctors have always concerned themselves deeply about what their patients were thinking, and how they were feeling, and there is no gladder sound than the announcement on the part of a patient that he feels better, and thinks the doctor has given him a new lease of life. It does not have quite the same exhilarating effect upon the doctor when the patient ascribes his recovery to a certain drug or any other physical measure. The doctor likes to enjoy being made to feel that his own judgment and generalship receive due credit for whatever good results are attained. Of course he is not so much concerned about the bad ones. A doctor likes to have his patient not only *hope* to get well, but *expect* to get well, and uses every means in his power to direct his patient's thoughts in the line of recovery.

Now what is all this, will you please tell me, but suggestive therapeutics? and yet it is nothing more nor less than the doctor's old, standard, universally recognized remedy, *advice*. Suggestive therapeutics, then, is not so terrible after all.

But why should advice be abandoned, and suggestive therapeutics adopted? There is one great big reason, and that is, that as generally employed, advice has a broader meaning than suggestive therapeutics, the latter expressing but one kind of advice. A doctor may advise what to think and how to feel, what to read and where to go, how to take life and its incidents and accidents so as to get good out of them instead of harm, and thus far advice and suggestive therapeutics are synonymous terms. But beyond and beside this, he may also advise exercise, may advise medicines, may advise baths, may advise electricity, may advise surgical interference, external applications and a good many other things. In other words, suggestion is only one form of a doctor's advice. If you will examine into these latter forms of advice mentioned, you will find that they too have undergone such development in every direction that each kind of advice is clamoring for a new name of its own. The advice for electricity is ambitious to be known as the employment of electro-therapeutics; advice for baths and for the use of water in some form wants to be recognized as hydro-therapeutics; advice about diet wants to be known as the employment of dietetics; advice about exercise wants to be known under the title of gymnastics; advice for rubbing must be called either massage, Swedish movement, osteopathy or manual

therapeutics ; advice for drugs must be called prescriptions of medicinal remedies, and so on indefinitely. Before physiology became a science the question of diet was a matter of mere experimentation and empiricism, and no scientific terms in the shape of high sounding words were needed in discussing the subject of foods ; but since chemists have analyzed human tissues and food products and told us all about albuminoids and proteids and other chemical products essential to tissue building, it has been necessary to coin new words for the expression of new ideas. The same is true of physical manipulations, of which there are now so many forms that "manual therapeutics" must supplant the old term "rubbing," just as suggestive therapeutics must supplant mental advice, in the same way as electrical treatment has evolved into electro therapeutics, and water treatment into hydro-therapeutics, and heat treatment into thermo-therapeutics. In this manner have our unabridged dictionaries grown from one small compact volume to anywhere from six to a dozen large volumes ; and just as there have been found to be laws underlying the questions of diet and of heat and of moisture and of exercise, so have there been found laws underlying the employment of suggestion, and as we have coined new terms for the advancement of the physical part of our art, there seems to be no good reason why we should not be equally liberal in adopting new names to satisfy the evolution of psychical studies.

In reality, doctors have always handled mental as well as physical forces to the extent of their knowledge and ability, in healing the sick, and there is no good excuse why they should set themselves against advancement in a knowledge of suggestive therapeutics any more than against advancement in knowledge of physical therapeutics. Advice is a matter of medicine. Suggestive therapeutics is only one of its children, but it is just as legitimate a child as is electro-therapeutics, or hydro-therapeutics, or medical therapeutics, or manual therapeutics, or any other therapeutics. Water can be handled to the detriment of the patient, so can heat, so can electricity, so can drugs, so can knives, and so can suggestion ; so that the mere fact that there are multitudes of quack practitioners who are employing the great power of suggestion illegitimately, is no argument against the legitimate and scientific employment of it on the part of those who are properly educated and equipped for its practice. We do not cease to prescribe drugs simply because some poor doctors make mistakes with them and kill instead of cure their patients ; we do not hesitate to make use of water simply because some ignoramuses induce colds instead of curing them ; we do not hesitate to employ electricity in a proper manner simply because it is possible for patients to be electrocuted instead of saved by this powerful agency ; we do not condemn the use of the knife because it is a dangerous weapon in the hands of the unskillful ; and for just the same reason ought we to favor the proper and scientific employment of suggestion in healing the sick, in spite of the fact that suggestive therapeutics has been abused and

illegitimately made use of by Christian Scientists, faith healers, and hypnotists.

The term suggestion is capable of a very broad interpretation—sufficiently broad, indeed, to make it co-extensive with our old friend *advice*, for in reality a suggestion is nothing more nor less than an impression made upon vitalized brain cells by afferent nerves. Some suggestions come to us by way of our ears, some by way of our eyes, some by way of our noses, some by way of our palates, some by way of the common sense of touch, but by whatever route the outward impression reaches the nerve centers matters not, the recorded vibrations at the center office are nothing more nor less than suggestion, and as there is no remedial measure, whether it be drugs or knives, or heat or cold, or electrical vibrations, that does not rely for its effect upon vibrations which start at the periphery of some set of nerves along which they are flashed to the nerve centers for purposes of reaction, in this broad sense it is true that all cures, whether by word or deed, by fancy or by fact, are made by suggestion; but in the common acceptation of the term, suggestive therapeutics is restricted to purely mental processes without intervention of physical contact.

The consideration of the science of suggestive therapeutics, and the exposition of its underlying laws is too extensive a subject to be even touched upon on the present occasion. The present paper is intended as merely an appeal for its establishment in a permanent and legitimate place in the medical curriculum.

All medical men believe that drugs can heal, that water can heal, that electricity can heal, that any force, in other words, that can influence the blood stream and flush capillaries or remove congestion, can heal. They ought to believe also, for they must know, that suggestive therapeutics is equally endowed with healing powers.

If you will glance over the departments of instruction in our medical colleges, and consider the bureaus in our various medical societies you will readily see how incomplete and inadequate are our stereotyped lines of study; in other words, how much we ourselves stand in need of the application of the law of suggestive therapeutics in order to cure us of our narrow mindedness, and to enable us to escape from our present limitations of usefulness to the various communities in which our work is accomplished. We pose before the public as healers of the sick, and to entitle us to our claims we ought to have at our command whatever force or measure is available for this purpose.

Chemistry is a science that we study and teach and discuss; physiology is a science, and we are on familiar terms with it; surgery has developed into a science, and we are always ready to give it due consideration, and drugs—in the homeopathic school at least—are comprehensive enough and exact enough and reliable enough for scientific consideration, and rank as one of our best friends; and so on to the end of the list of the things that we stand for.

But hydro-therapeutics is treated by us rather shabbily; thermo-

therapy is not honored by the consideration of a distinctive title, and receives but small attention, while manual therapeutics and suggestive therapeutics, two of the most powerful agents known in the healing of the sick, are completely ignored. There is no more exact or useful science in the practice of the healing art to day than manual therapeutics, and yet, so far as my knowledge goes, there is not a medical society which honors itself by possessing a bureau of manual therapeutics, and there are very few medical colleges that give it even the slightest recognition. If a graduate wants to know anything about massage and the Swedish movement cure, or osteopathy—and in my estimation he is a poorly educated medical man without some knowledge of these subjects—he must supplement his medical training, as long drawn out even as it is at the present time, with post-graduate studies and observations in other places than in his alma mater, and these places frequently poorly equipped for purposes of instruction. If doctors but once realized how much aid manual therapeutics could give to drug action, and how much aid to surgical conditions, not merely to fractures and dislocations, but to wounds and injuries and congestions and inflammations of all kinds, they would not be so slow in giving the subject the public recognition which it has long since deserved. Why they are thus intolerant of medical progress is not a subject for present discussion, but it is a good subject for us all to reflect upon.

But perhaps our worst neglect is expressed in our indifference to the subject under present consideration, that of suggestive therapeutics. Here we have been making use of it from the very beginning of medical history; here it has developed into a very exact science with underlying laws of operation; here it is possessed of healing power equal to if not beyond that of any other remedial measure known to mankind, and yet it is not represented in the bureaus of our societies or in the curriculums of our medical colleges, and so sure am I of your attitude of inhospitality to its study on the present occasion—and in this respect you are not different from any other company of medical men in the United States—that instead of discussing the subject itself and presenting some practical formulae for the healing of the sick by suggestive methods, I have thought best to employ the time in doing what little I can to awaken on your part an appreciation of the fact that there is something in the subject which ought to be investigated and made use of by every medical man who presumes to a scientific and well balanced application of his art.

The fact is that every doctor makes use of suggestion in dealing with his patients, and I am simply calling your attention to the fact that this, like other departments of medicine, has developed into a science, and I am making the plea that suggestion as well as physical measures should be scientifically applied.

Suggestive therapeutics is not antagonistic to drug action, but, on the contrary, is its strongest and most effective ally. It has always been

employed by medical men, but in such an indifferent, hap-hazard, go-as-you please, and in every way unscientific manner as to belittle its efficacy. It is as scientific and as powerful and in every way as effective a department of the healing art as surgery, or prescribing of drugs, or any other of our pet measures. Every medical college should teach it, every medical society should honor it with a bureau, every doctor should be as well posted in its laws and proper methods of application as in the administration of an anesthetic or the handling of any physical measure with which he hopes to mitigate human suffering. Our patients are human beings and not corpses, and to reduce our art to mere physics is simply stupid and disgraceful.

This paper is not a plea for the employment of Christian Science or hypnotism, or any other kind of dogmatic or poorly applied suggestive therapeutics. It is no defense of therapeutic quackery, but simply a plea for professional expansion and liberalism, an argument for completeness in our scientific attainments. If there is a science in the use of drug action, we want it; if there is a science in the use of the knife, we want it; if there is a science of sanitation, we want it; if there is a science in the manipulation of patients, we want it; if there is a science in the use of electricity or the use of heat or the use of dryness and moisture, in the selection of foods and drinks, we want it; so if there is a science in suggestion, that too is a proper candidate for our favor. We must learn not only what to do but how to behave and what to say in the sick room. Our patients not only need the oxygen of the air but also the oxygen of correct thinking and correct feeling for the purification and vivifying of the blood stream, upon which alone all repair depends. The whole being is our patient, and when he is sick, he is sick clear through. Remedial measures to be effective, must cover the whole scope of his being. The harmonies of life must be established, not only in the lower notes of life's scale, but also in its harmonies, for the vibrations of life work downwards as well as upwards, and mental advice, if scientifically applied, will be found to be good medicine, replete with healing powers.

By no means let us forget what we know; at the same time, let us not only live, but learn, and if we can say things as well as do things that will help people, our usefulness, our reputation, our success and consequently our satisfaction in the practice of medicine will be thereby greatly increased, for all that any of our patients come to us for is help; help from pain and disordered functions of the body, and also from mental and emotional anguish. Health and happiness are pretty nearly synonymous, at any rate they are twins, for they are inseparable, and while physical science is working out the problem of health let mental science struggle to secure happiness, for only in the establishment of both health and happiness, can either be secured, suggestive therapeutics has a big work to do in the world and we must all fall in line and help to put it in appropriate and scientific operation.

NEPHRITIS.

By W. K. Mock, M. D., Cleveland, O.

IN 1770 Cotiegn discovered that the urine of dropsical patients was coagulable by heat. The abnormal condition was thought, at this time, to be due to impeded circulation caused by pathogenesis of the heart or liver. This was the prevailing theory until 1827 when that memorable student, Richard Bright, announced that there were pathological changes in the kidneys of those dying with dropsy.

He said, "I have never yet examined the body of a patient dying with dropsy attended with coagulable urine in whom some obvious derangement was not discovered in the kidneys.

Richard Bright, the son of a wealthy merchant and banker of Bristol, England, was born in 1789. In 1808 he matriculated in the Faculty of Arts of the University of Edinburg. The next year he entered the medical department of that institution. Having a desire to travel we find him in the next few years in Iceland studying the botany and zoology of the island. In 1812 he graduated from the institution in which he matriculated after which he went to the continent pursuing his study in his chosen profession.

At the age of 31 he located in London where he soon arose to eminence. He was a physician to Guy's hospital until 1843, during which time he gave the world his knowledge of nephritis which has made his name immortal. In 1837 he was appointed extraordinary physician to her majesty, Queen Victoria. Bright's disease is generic to practically all diseases of the kidneys aside from traumatism or malignant growths. The principal classification being acute nephritis, parenchymatous nephritis, and amyloid degeneration of the kidney. The last however is excluded by some authors as this is invariably associated with amyloid degeneration of other viscera.

The abnormal condition causing nephritis is due to a constitutional dyscrasia resulting in anatomical changes of the kidney and is usually represented by the trio albumin, dropsy and uremia. That there is a pathological factor producing an auto-intoxication preceding these manifestations is evident and is due undoubtedly to faulty metabolism. The kidneys being great emunctory organs eliminating from the blood numerous poisons, can be overtaxed as well as other organs; while they may be called upon to do several times the amount of their normal work there comes a time when the effort results in structural changes of epithelial, interstitial and glomerular tissue impairing their utility, and the system becomes charged with toxic material producing the well known symptoms of Bright's disease.

The principal poisons being the elements of urea, uric acid, and the so called alloxuric bodies of which we know but little. The etiological factors then are those interfering with equilibrium of metabolism, chief of which are (1) atmosperical changes impairing the function of the skin with its consequent subalkalinity of the blood

and acid urine. 2. The toxines of the specific fevers, especially scarlet fever and diphtheria. 3. Gastro-intestinal indigestion from high living, or over feeding, including the excessive use of stimulants. 4. Toxic agents as phenol, turpentine, cantharides, potassium chlorate. 5. Pregnancy.

The kidney differs in pathogenesis in size, appearance and histology in the different forms of this disease. The macroscopic appearance in the early stage of acute nephritis is sometimes little different from that of the normal kidney. Usually, however, it presents a congested appearance and on section the capsule retracts, and strips easily, and the cortex presents a granular surface due to the congested glomeruli, and blood may drip from the cut surface. Later in the disease the cut surface of the cortex, will present a mottled appearance, and the pyramids a beefy red appearance. The most important changes are in the histology of the kidney and may be classified into glomerular, tubular, and interstitial changes. It is due to the vigilant normal functioning that the epithelium of the glomeruli and tubules act in an absorbing, secreting and separating capacity, transmitting the effete material, saline substances and water in the form of urine. Therefore it is in the perversion of this function that this abnormal condition exists. The toxic material heretofore spoken of and generated in and circulating through the medium of the blood when brought into contact with the epithelium of the kidney produces structural changes. In the glomeruli the epithelium of the tufts suffer first, then that of Bowman's capsule, filling the glomeruli with leucocytes and red blood corpuscles. This is most frequently found in the nephritis of scarlatina and is called glomerulonephritis.

In the straight and convoluted tubules the epithelium is cloudy, swollen and there is hyaline degeneration, blood corpuscles and leucocytes. In the interstitial changes is found serum, leucocytes and blood corpuscles between the tubules.

In the chronic form of this disease, we have also to deal with structural changes of the glomeruli, epithelial and interstitial tissue. Clinically two forms are recognized, chronic parenchymatous nephritis and chronic interstitial nephritis. While the line of demarcation in this classification is not always distinct, microscopically there is the large white kidney of Wilks or the pale, granular kidney characterizing the first division, and the sclerotic, contracted kidney the second.

In acute nephritis the onset may be sudden, or it may be insidious. When sudden, usually the first warning is a chill, followed by fever, pains in the back, extending down the ureters to the bladder, and in males the testicles are retracted and painful. The urine is scanty, and there may be complete enuria, and there may or may not be edema. In severe cases cerebral symptoms and uremic convulsions present an alarming spectacle; where the prodromes gradually appear the subject is in a state of malaise, varying appetite with disordered digestion, scanty urine, transient or slight edema. Such are some of the symp-

toms where nephritis follows the specific fevers or pregnancy, and frequently before being aware of the seriousness of the trouble the disease is announced by uremic convulsions.

In chronic parenchymatous nephritis the symptoms may be those of acute nephritis in a modified form. Usually the urine is scanty and a dirty yellow or smoky color. On standing there is a heavy sediment composed of epithelial, granular, and fatty tube casts, albumin and blood corpuscles.

Obstinate dropsy is characteristic of this form of nephritis. The skin is pale and waxy. In the morning the eyelids are edematous. There is general anasarca, and ascites continues until there are gallons of water in the abdomen. Latterly there are gastro-intestinal symptoms, vomiting and diarrhea, and there is usually anemia.

Chronic interstitial nephritis is usually an independent primary affection, however it may follow the parenchymatous type, the large white kidney forming the so-called contracted kidney. Or it may be due to cardiovascular changes. The symptoms are frequently so indefinite, being a slow and gradual degeneration of the kidney substance, that in the early stages no doubt many cases are marked neurasthenia when a careful and thorough and repeated examination would reveal the true condition.

The amount of urine is usually increased, and of low specific gravity, light yellow color, and the patient is called upon to micturate frequently. There is dizziness and on the least exertion hard breathing. The pulse is hard and incompressible, and the radial artery can be rolled beneath the finger; as a rule there is not much edema. While the above symptoms greatly aid us in a diagnostic conclusion, it is in the laboratory that the true diagnosis of nephritis is made. The urine being pathognomonic the principal foreign elements indicative are albumin and casts. Numerous albumins, as serumalbumin, serumglobulin, nucleo albumin, albuminose, hemialbuminose, and propeptose are found in the urine. But the albumin of nephritic urine is serumalbumin and serumglobulin, which, it will be remembered, is the albumin of the blood.

There are many delicate tests for albumin, some as Rock's detecting 1 in 50000 parts. But the most satisfactory and practical in our estimation is that given by Dr. Martin Freidrick in a paper read before the Cuyahoga County medical society which is as follows; "The tests commonly used for the detection of albumin in the urine are, 1, heat; 2, nitric acid; 3, acetic acid plus ferrocyanide of potassium. All three have to be employed in every case in order to avoid errors. The old teaching, get acquainted with one test and stick to it, is faulty. Heat coagulates serumalbumin and paraglobin [serumglobulin]. Other albumins, as albumose, hemialbumose and nucleo-albumin remain in solution. If we underlay urine with clear nitric acid, all the albumins present will coagulate, forming a white ring at the line of contact. In order to exclude albumose and hemialbumose,

we apply gentle heat. If the ring does not disappear, it can consist of serum and globulin or nucleo-albumin. The latter we exclude by using the third test, acetic acid plus ferrocyanide potassium, a ten per cent solution of each. On the addition of a drop or two of acetic acid nucleo albumin coagulates in the form of a white cloud and can be filtered out. If now by adding a drop or two of a solution of ferrocyanide of potassium we find again a cloudiness, it must be serum-albumin and paraglobin, the albumose and hemialbumose having been excluded by application of heat to the nitric acid test."

The urine of patients suspected of nephritic trouble should be carefully collected for twenty-four hours and amount noted. Having obtained a sample, it should be filtered before applying the test for albumin, and should it be highly concentrated it should be diluted with distilled or filtered water.

Next and equally important to albumin are casts. These, thanks to the invention of the centrifuge and microscope, are quite easily discovered. Having precipitated the solids in the urine with a centrifugal machine and with a pipette a portion of the same is placed upon a clean glass slide, and covered with a No. 2 cover glass and placed under the microscope where with a low power, if present, may be seen any or all of the following: hyaline, granular, epithelial and waxy casts. Also casts with blood corpuscles and fat globules.

In all nephritic cases there is renal insufficiency, consequently uræmia. The average amount of urine excreted in twenty-four hours, contains about two ounces of solid material composed of nitrogenous organic substances and mineral salts. More than half this amount is urea, a secreted excrementitious substance and a deadly poison. It is quite important to ascertain, from time to time, the amount of solid substance excreted in the twenty-four hours. This may be done approximately by the following rule. Multiply the last two figures of the specific gravity by the number of ounces voided in twenty-four hours and this product by 1.1 which gives the amount of solids in grains. For example, if the total amount was 40 ounces, and the specific gravity 1024 we would have $24 \times 40 \times 1.1 = 1056$ grs., or a little more than 2 ounces.

Acute cases of nephritis, without complication, usually recover under proper treatment. If however there is complete anuria for ten to twenty hours, the prognosis is extremely grave. The prognosis in chronic cases is invariably bad. But if the patient is seen early, life may be prolonged and rarely there may be complete recovery.

The treatment in acute or chronic states is symptomatic. In acute cases the patient is at once placed in a hot pack in bed and every effort made to relieve the congestion and inflammation by increasing the excretory functions. Therapeutically this is best accomplished by administering aconite, gelsemium, digitalis or any of the indicated sedatives. Specific aconite is given when the pulse is small with increased temperature. Sp. gelsemium when there is irritation of the

nervous system, bright eyes, contracted pupils and flushed face. Digitalis when a weak rapid irregular pulse, and weak heart sounds. Digitalis should be given in infusion made according to the United States Pharmacopeia and in small, frequent doses. Aconite and digitalis should never be given together as their modus operandi is entirely different. Copious draughts of water plain or carbonated is to be frequently urged upon the patient. The diet should be liquid. Broths with rice or barley may be given. Soups with vegetables or fish.

In chronic nephritis strict hygienic treatment in all the habits of the body and modes of living must be insisted upon. The patient must be warmly clad and ever vigilant in protecting the body in changeable seasons. All noxious substances having a tendency to etiological influences must as much as possible be avoided. As nitrogenous foods increase uric acid and the elements of urea and other renal irritants these as much as possible should be excluded from the menu. The diet then should be made up of soups, rice, barley, vegetables or fish. Fresh fish boiled or broiled, raw oysters, raw clams. Meats: chicken and game. Farinaceous food: stale bread, hominy, wheaten and shredded biscuit, oat meal, cracked wheat, milk toast, maccaroni, Vegetable: cabbage, water cresses, celery, mushrooms, onions, lettuce, mashed and baked potatoes, cauliflower. Fruits: stewed and ripe raw fruits. Drinks: water, milk, buttermilk, tea, coffee, cocoa moderately. Should not eat any thing as a rule fried, rich gravies, peas, beans, or pastries. Should abstain from all alcoholic beverages, and the patient should lead a quiet life, take moderate exercise, keep the bowels open, and take hot saline baths two or three times weekly.

Therapeutically the treatment should be, 1, eliminative; 2, to prevent as far as possible the formation of etiological noxious agents within the system. Apocynum, probably the most efficient remedy for dropsy, is indicated where there is general edema. Sp. tr. apocynum 3ij, aqua pura 3iv. Sig. teaspoonful four times daily. In cases of a weak pulse and weak heart sounds, infusion digitalis should be given with apocynum. These remedies will be frequently indicated in parenchymatous nephritis.

Potassium acetate should be given when the urine is great in quantity and low in specific gravity.

Trinitine, where a cardiovascular stimulant is indicated, as in interstitial nephritis; this will be found beneficial in drop doses five or six times daily. It must be given continually to obtain good results.

Thialion, where there is uricacidæmia is a very good remedy. It lessens the amount of uric acid, is slightly laxative, and seems to strengthen the heart's action. Given in 3 j doses, in a half cup of warm water on rising in the morning.

The second part of the treatment is carried out by attending to the general health of the patient, administering remedies known to aid the normal action of the various organs.

PNEUMONIA.

By C. D. R. Kirk, M. D., Shuqualak, Miss.

I PROMISED in November Journal that I would write something on pneumonia, as I had been requested by several readers of the Journal to do so. When we behold the great mortality of this disease under regular treatment, as given by Andrews and Osler, and other allopathic writers, we are made to wish that all doctors were eclectics of the specific variety. It is hard for the old eclectics to realize that the most scientific (?) physicians report a fatality of from 25 to 40 per cent.; and on the other hand, can we reasonably expect the regulars to believe that we do not have a mortality of over three or four per cent? When we look at the guess-work practice of the allopaths, we do not wonder why this disease or any other should roll up a great per cent. of fatal cases. We can better illustrate the treatment by giving cases that have actually occurred in practice and of which we have noted in our case book.

I was called to Mrs. H., who had been sick several days, and who had been taking medicine which was sent by a physician and which consisted of calomel and an expectorant. The following condition was noted: The temperature was 104° to 105°, pulse full and strong, the tongue a little coated, but was dusky and purplish. There were constant spells of coughing, and expectoration resembled prune juice and pus intimately mixed. There was dullness over a large part of the right lung. The patient was semidelirious, and had not shut her eyes for several hours, and there was a wild appearance that often attends brain complications. She had a child only four or five days old. To add to this alarming condition, a woman had died in the neighborhood very recently who was almost precisely the same kind of a case, and who had been attended by a most popular old school physician. This caused a great deal of demoralization with patient and friends, as none had ever known a case of pneumonia to recover who was a lying-in woman.

Treatment.—R: Sp. veratrum gtt. xx, sp. baptisia 3ss, sp. echafolta 3ij, water 3iv. M. Give a teaspoonful every half hour until some impression is made on the pulse, then give every hour while there is fever. R—Sat. sol. bromide potas, 3ij, sp. hyoscyamus 3j. M. Give a teaspoonful every two hours until she sleeps, after which give five drops of sp. gelsemium every three hours through high stage of fever, omitting the brom. pot. and hyoscyamus. There was some cadaveric odor of the lochial discharge, for which a saturated solution of chlorate of potash and sp. echafolta were given in hot water per vaginum every four or five hours.

There was improvement every day, and on the fifth day the temperature was normal, having fallen one degree every 24 hours.

A very popular doctor of the old school persuasion called at my office and requested me to visit Mr. C., who was quite sick with pneu-

monia, and stated that he, the doctor, had a bad case in another neighborhood that required his attention for the present, but thought he would have time to resume his attention to Mr. C. the next day. I found Mr. C., in a most critical condition, both lungs being more or less involved. There were rapid respiration, rapid pulse, blue lips, and cold extremities. There was a band-like tightness of the chest, which caused him to resist the cough with all his power. The tongue was full and coated yellowish white. The pulse was full and strong, which gave me some hope of arresting the disease.

Treatment.—The extremities were warmed by mustard baths and hot applications. R—Sp. veratrum and baptisia were given in small doses often repeated, alternated with sp. phosphorus, 20 drops to four ounces water, a teaspoonful for a dose. After prescribing I thought it was only a matter of precaution to examine the old doctor's medicine to ascertain if there was any conflicting remedies that should be omitted for the present. It was very regular: R—Syrup squill, syr. ipecac, balsam copaiba, syrup tolu and paregoric, and calomel in broken doses; also a large blister over the inflamed lungs. There was very little change made in my remedies, as the patient improved every day. The doctor could not take charge of his case, being compelled to visit other patients; however, the "old brother" was on hand every day to make inquiries about Mr. C. I learned subsequently that the doctor had not gone from home, but had by false representation got rid of what he was quite sure would be a fatal case. Several days after I had dismissed the case his mother sent for me; she thought there was something wrong. I gave the patient a thorough examination without finding a single unfavorable symptom. The old lady then informed me that there was no cough and expectoration. I explained that under the eclectic treatment there was but very little if any expectoration or cough after the fever subsided, and that it was the stimulating expectorants of the old school physicians that caused this unnecessary drain upon the system, and always a tardy convalescence.

In conclusion, the very first and most important thing in treating pneumonia is to recognize the indicated sedative and antizymotic, all other remedies being auxiliary. But how about the two conditions? The tongue shows them plainly: if it is contracted, stimulants of all kinds may be omitted, especially podophyllin, which stimulates the glands of the stomach and intestines to action; quinine in small doses or any other stimulants. But if the tongue is broad and full, stimulating purgatives and diuretics are needed, and we may safely give them in various combinations without danger to the patient. I have had cases that required quinine in antiperiodic doses, but this is no argument for quinine in every case. It is no specific for pneumonia, but instead of curing some cases, it will convert them into a semidelirious, adynamic condition, from which they do not recover readily, but continue from bad to worse. This being the case, and every word

can be substantiated, what are we to think of the regular who has a stereotyped treatment for every case?

I have seen doctors who gave strychnine in every case "to support the heart," and urged the patient, though with brain in an abnormal condition, to eat, eat, eat often. I can say from many years of close observation, that when a pneumonia patient needs diet and can digest it, he is about out of danger. An occasional small quantity of well cooked fluid diet may do no harm, but I do not believe it can do any good—begin eating when the patient calls for it.

ELECTRO-THERAPEUTICS.

By J. R. Spencer, M. D., Cincinnati, O.

[Continued from vol. lxi, page 649.]

FARADISM.—This is really a modification of the galvanic current by the principles of induction. This current is known and spoken of by different writers as the secondary current, interrupted current, faradic current, magneto electricity, and electro-magnetism.

In a former article, printed in the November Journal of 1901, it was stated that induction means the charging of a body with magnetism without coming in contact with it. In order to simplify the subject of induction, it can be spoken of as existing in two forms, magnetic and electric induction. There is no real difference in these two forms except as to their origin. Magnets have the power of attracting soft iron a short distance from them; this is due to lines of force that extend in every direction from magnets; the space covered by these lines of force is called the magnetic field. The same condition exists around a wire over which a galvanic current is flowing; the lines of force going out from this wire are called electric lines of force, and the space covered by them is known as the electric field. Where any metallic substance is brought into either of these fields at the time they are disturbed in any way, it will receive magnetism by induction.

The earliest observation in regard to the phenomenon of induction, was made by Prof. Oersted, of Copenhagen, when he noticed that a magnetic needle, when brought near to a wire over which a galvanic current was flowing, would deflect. Many philosophers and electricians made extensive researches in an effort to find an explanation for this strange action of the needle, which is now known to be due to the electric lines of force.

Faraday spent much time during a period of five years in an effort to carry over a current of electricity from a primary wire to a secondary wire on which no previous current existed, the secondary wire running parallel with the primary wire. Success at last crowned his efforts, but the discovery of the method of doing it was accidental; he had placed a galvanometer in the circuit formed by the secondary wire by which the presence of electricity could be told. During his

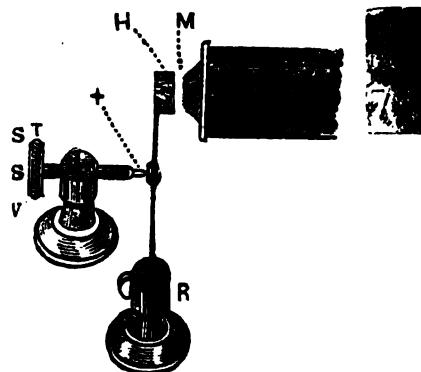
experimentations he accidentally broke the primary circuit, and at that instant the galvanometer announced the presence of the electricity on the secondary wire; this was accomplished by disturbing the electric fields that surrounded the primary wire by breaking the primary circuit. The primary wire is the one on which a galvanic or a continuous current is flowing; the secondary wire is the one to which the current is carried or induced. It follows then that any disturbance of the electric field will induce a current of electricity on a secondary wire. This can be done in four different ways: 1, when the primary current is opened; 2, when the primary current is closed; 3, when the primary current is increased or diminished in strength; 4, when the primary wire is brought nearer or removed further from the secondary wire. The secondary current will induce a tertiary current on a third wire, and the tertiary current will induce a current on a fourth wire, and so on under the same conditions that the primary current induced a secondary current on the second wire.

An induced current is called an interrupted current, because it flows in the same direction as the primary current under certain circumstances, and immediately turns and flows in the opposite direction when those circumstances are changed. When the induced current is flowing in the same direction as the primary current, it is called a direct current; when it flows in the opposite direction it is called an inverse current.

Direct currents are produced: 1, at the time the primary current is broken; 2, at the time the primary current is diminished in strength; 3, at the time the primary current is removed further from the secondary wire. Conversely, the inverse current will be produced: 1, at the time the primary current is closed; 2, at the time the primary current is increased in strength; 3, at the time the primary current is brought nearer to the secondary wire.

Rheotome or Current Interrupter.—Now how will it be possible to constantly disturb the electric field around the primary wire by which the induced current can be produced? This can be done by an ingenious device called a rheotome, or current interrupter. This instrument is placed in the primary circuit, and opens and closes that circuit in alternation; by these two ways the electric field is disturbed and the induction takes place by which the faradic current is produced. Faradic batteries are usually constructed with one galvanic cell, in which the galvanic or primary current is generated; leading from this cell and connected with it, is the primary wire; this wire is wound in a coil in which a piece of soft iron or a bundle of wire is placed; this is the core of the battery. This primary wire is arranged in a circuit; it is of course wire, and has no great length. Surrounding it is the secondary wire, wound around a spool, but it is not connected with the primary wire; it is within the electric field surrounding the primary wire; it is a very fine wire of great length, and is also in a circuit. When the battery is in use the galvanic current flows

over the primary wire, which is opened and closed by the rheotome, thus disturbing the electric field and inducing the faradic or secondary current on the secondary wires. Just how the rheotome acts can be understood by studying the following representation taken from Prof Charles S. Neiswanger's book on Electro-therapeutical Practice : BSA



The core is within the coil of the primary wire, the end of which is marked by M, opposite the hammer H, which is the end of a spring. The current passes along the post holding the screw T, then along the screw to the spring, thence to the post R holding the spring, then over that post to the wire which surrounds the core; these are a part of the primary circuit. At the time the current of electricity passes over the primary circuit, the core receives magnetism, or becomes magnetized by coming in contact with the electric lines of force from the primary wire, then as a magnet it attracts the hammer H of the spring, and draws the spring away from the screw T, which opens or breaks the primary circuit at X; the moment the circuit is broken the core is demagnetized and loses its attractive power, the spring immediately goes back to the screw T, where it naturally rests, and the circuit is closed again, then the core again becomes a magnet, and acts as before. In this way the opening and closing of the primary current is kept up at a rate varying from 30 per minute to 50,000 per minute. The buzzing or singing noise made when a faradic battery is in action, is produced by this opening and closing of the primary circuit by the rheotome. The core in a faradic battery is a part of the rheotome, and without it the primary current could not be opened. It also has another important use: when it becomes magnetized by the galvanic current it is a magnet with all the properties of a magnet; magnetic lines of force go out from it in all directions, acting in conjunction with the lines of force originating from both the primary and secondary wire, and greatly increasing the intensity or tension of the faradic current.

In faradic batteries a tin or metallic tube covers the core; the strength of the current can be regulated by this tube; when it covers

the core its lines of force are cut off by the tube, and the current is weakened, but when this tube is removed they act as just explained to strengthen the current.

Extra Currents.—In a galvanic battery many cells are necessary to generate a galvanic current sufficiently strong to be of any use in treating disease, but in a faradic battery only one cell is needed from which to get the galvanic or primary current from which the secondary current is obtained, and which is sufficiently strong for therapeutic use generally. This increased strength or high tension of the secondary current is due to extra currents. They are induced currents between the different turns produced by winding the secondary wire on a spool. The secondary wire in large faradic batteries is very long, many thousand feet in some instances, and would make many turns when wound as it is in their construction; thus an opportunity for these extra currents to act would be very great, and the increase of the strength or tension of the secondary current could be easily accomplished by them. The wires used for both the primary and secondary currents are thoroughly insulated.

MAGNETO-ELECTRICITY.—Magneto-electric induction is the induction of an electric current by means of magnetism. In this article, up to this point, a study has been made of electric induction, or the induction of a current of electricity to a secondary wire from another wire, called a primary wire, over which a galvanic current was flowing. Now if a permanent magnet were substituted for the primary wire, and caused to approach or withdraw from a wire continuously, a current of electricity would be induced upon that wire. This is done by thus disturbing the magnetic field surrounding the magnet. This is the principle upon which all the magneto-electric machines are produced that are so extensively used by students of philosophy. This current is used extensively for electrolytic experiments and in electro-plating.

The current that is produced upon a wire at the moment the magnet recedes from it, or when the magnetism decreases in intensity from any cause, is called a direct current; the current that is produced by bringing the magnet nearer to the wire, or by increasing the intensity of the magnetism, is called an inverse current.

In magneto-electric machines, no rheotome or current interrupter is needed to disturb the magnetic field, as that is done by the manner in which the magnet is made to approach and recede from the wire. Batteries constructed by means of magnets are not so valuable for electro-therapeutic work as the high-grade electro-magnetic batteries constructed at the present day. The current generated by the magnetic battery is rough and disagreeable in quality; it has been used with much benefit in cases of rheumatism and neuralgia, but it is contra-indicated in any state characterized by general irritability.

The induced current has, in different degrees, all the properties of a galvanic current. It is used in the scientific world for generating chemical action, heat, light, and magnetizing steel. It is the current

that is used to produce the X-rays by discharging it in a state of high tension in a vacuum tube; this state of high tension is produced by the extra currents previously explained.

[To be continued.]

COLOCYNTH.

By J. S. Niederkorn, M. D., Versailles, O.

THE usefulness and scope of application of any one remedy is not learned in a few weeks; a few applications of a remedy do not impart to the prescriber definite knowledge of its exact action. To obtain a liberal knowledge of the specific indications of any medicine positively requires intimate acquaintance with pathology and specific diagnosis, and necessarily close observations and frequent use of the medicinal agent. Before definite results will have been obtained the prescriber can plead to being guilty of promiscuous prescribing—a fact considered as a matter of course, because either from defective knowledge or carelessness or indifference, the agent is administered when conditions are apparently similar to those really indicating the remedy.

Take as an example acute intestinal disorders. It is frequently well nigh impossible to decide whether nux or colocynth is the remedy for the case in hand. The more one hears or reads about the action and indications for these drugs, oftentimes the greater confusion arises, and uncertainty is at once established. Modifying circumstances may tend to clear up a doubt, as I have learned; and I think there are circumstances which will reasonably excuse promiscuous prescribing.

A short time ago nearly one-half of our town was destroyed by fire. Every drug store and its contents was burned; my home and office also went by the same element. No drugs were saved from either place, but it so happened that my buggy medicine case escaped destruction. People will get sick after a fire as well as before a fire; certain it was that a great number of people were afflicted with bowel troubles of many and different natures, and naturally they sought for relief. It may properly be mentioned here that it was remarkable how many patients presented themselves complaining of intestinal pain, with or without diarrhea or dysenteric conditions. How much loss of sleep, excitement, worry, grief over loss, had to do with their painful conditions, or how much change of drinking water was a causative factor, I will not try to explain.

For many nux was intended, and would have been administered with confidence, but my nux vial was empty. Instead colocynth was selected; and here is where I learned that though I felt well acquainted with colocynth indications, I still had much to learn about that remedy. Colocynth did not relieve all cases, though it did cure all cases where there was sharp, cutting pains in the bowels, patient

bending double and wanting to press something against the abdomen. If diarrhea or dysenteric conditions accompanied the pain, it proved equally as valuable to relieve these. Tenesmus of the lower bowel, if the same sharp pains were present, would also be relieved. That is placing the matter about in a nut-shell.

In the past we very frequently prescribed the colocynth with satisfactory results, but never had the occasion to observe so much satisfaction from its use, and really were agreeably surprised at what the drug could do.

When the matter is carefully studied the difference between the nux and colocynth indications are apparent.

Two other remedies may be mentioned in connection with colocynth to relieve abdominal pain, and they are chamomilla and magnesium phos. The abdominal pains calling for magnesium phos. are sharp, and are relieved by hot applications, lacking the condition relieved by bending double and by external pressure on abdomen, as is the case with colocynth. In the colic for chamomilla there is general restlessness and irritability, usually with abdominal distension and some diarrhea, the discharges being greenish and of bad odor. The child tosses about, apparently trying to find a position to rest, but does not double up. For nux the pains are spasmodic, in the small intestines; usually there is some nausea or vomiting, tongue pallid. For either of the other remedies the tongue is usually of ordinary redness and clean.

Now in regard to the dose of colocynth. *Positively the dose must be small.* Some text-books and journals advise to add from ten to twenty drops of the specific tincture to four ounces of water, and give this in teaspoonful doses. In my opinion—based on an extended experience with the drug—the physician who administers colocynth in these doses will be disappointed, because, as stated, the dose must be small if satisfactory results are expected. One drop (not more than two drops) of the sp. med. colocynth is added to four ounces of water, the solution thoroughly mixed, and teaspoonful doses of this are then given every ten minutes, or at least at frequent intervals. If the drug will give relief, its action will soon manifest itself. I have no patience with such tincture, or *stuff*, of colocynth as is prepared from the fluid extract. There is nothing in it only a lot of disappointment for both physician and patient.

CONTAGION.

While riding on the boulevard,
I met a smiling face;
Instinctively I smiled in sympathy,
And sang a little happy song,
As with increased enjoyment I jogged along.

LYMAN W. DENTON, Minneapolis.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

NECESSITY FOR MYDRIATICS IN CORRECTING REFRACTION.

This subject may be divided into two parts, the first relating to the ethics of the question, the second to its practical side. The first may be briefly stated as follows: When a patient engages the services of a medical expert in a given line, paying for such services the fee of an expert, he is entitled to the most exhaustive examination and best method of treatment within the knowledge of the physician so engaged. It is not sufficient to do enough to make the patient comfortable for the time being; this may be done by the general practitioner, or in the present instance by the optician.

In my humble opinion, the oculist who makes a routine practice of correcting refractive errors without the use of a reliable mydriatic fails to reach the ethical standard above set forth.

Taking up the practical side of the question, I will start with the proposition that mydriasis is necessary to enable the physician to have a proper understanding of his case. Before attempting, however, to maintain this position, let us see what the objections are to the use of mydriatic drugs:

First, the patient's business is interfered with. In answer to this it can be said, if that business had not already been interfered with, he probably would not have presented himself for treatment, and that the gain in accuracy will fully compensate for the few days more of interference. In the majority of cases seen in private practice, the patient's business is not so exacting that he cannot get along for a few days with the aid of a convex lens, which will enable him to use his eyes while accommodation is paralyzed, although not comfortably. In the comparatively few cases where even this is not sufficient, the homatropine and cocaine solution can be thoroughly used on Saturday, with the certainty that the patient will be ready for business on Monday. However there are very few intelligent patients who will not submit to the use of the more reliable mydriatics when the reasons therefor are properly presented.

Second, the dazzling produced by the dilatation of the pupil—in some cases this is not extreme, and in any case it may be overcome by dark glasses.

Third, the chromatic and spherical aberration and irregular astigmatism often uncovered by the dilated pupil. This is of more moment to the physician than to the patient, and can be overcome during examination by placing in front of the eye a metal disc with a perforation the size of the natural pupil, while making the final test with lenses. The surgeon should have a number of discs with different sized perforations for the varying diameters of the normal pupil in

different individuals. The employment of these discs at the end of an examination aids us materially in obtaining a perfect result, and does not vitiate the test in the slightest degree.

Fourth, the danger of glaucoma. After a previous careful trial of all other methods of examination, mydriatics have been constantly used both in my private and hospital practice for more than thirteen years on patients of all ages and conditions, and but two or three cases have been observed in which the tension was raised during the process, in all of which the abnormal condition quickly responded to the instillation of eserine. It may be well to say here that the sclera has always been examined for evidences of rigidity, and that a scopolamine solution of $\frac{1}{2}$ per cent has been used ever since its introduction to the profession. This drug apparently has less tendency to increase tension than most others and has proved to be the most efficient of all mydriatics. In the latter statement my experience has been corroborated by the observations of many prominent ophthalmologists.

Fifth, the danger of poisoning. In most cases this is probably due to the careless use of the drug, either in quantity or method of application. If a very small drop be instilled at the outer canthus, and the lachrymal duct be closed with the finger for a few minutes, there is very little danger. Nothing more than transient vertigo has ever been observed under scopolamine mydriasis, and this rarely. The absolute purity of the drug used is an essential qualification.

Finally, the statement often made by oculists that without employing a mydriatic they can prescribe glasses which will be equally comfortable to the patient. It may be remarked in passing that most opticians make the same claim.

Having considered the objections thereto, let us take up the affirmative side of the question and endeavor to show why mydriasis is necessary. Personal experience has convinced me that paralysis of the ciliary muscle is necessary to accurately ascertain the state of refraction in a very large majority of patients under forty-five years of age, and in many cases much beyond that age, depending upon that variety of ametropia and the personal equation. Even if this statement were true of only a limited number of patients, and allowing that we sometimes obtain precisely the same result upon examination both with and without a cycloplegic, which, however, is very unusual, how are we to distinguish these cases from all others, and are we doing our whole duty to our patients if we do not in every single instance use our utmost endeavors to obtain an absolute knowledge of the conditions present?

Oculists of ability have deprecated the use of a mydriatic in cases of supposed simple hyperopia, on the ground that there was no necessity for knowing the amount of latent hyperopia, as they should not correct it when found. How any one can make such a general statement with our present knowledge of ophthalmology is difficult to understand.

Little as we know of heterophoria, every student of the subject must be aware that muscular conditions frequently exercise an important influence on the strength of the glass prescribed, and it would certainly seem that a knowledge of the total amount of ametropia is one of the first requisites.—CHAS. DEADY, M. D. in *Hom. Eye, Ear and Throat Journal*.

TOXIC AMBLYOPIA PRODUCED BY TOBACCO.

For more than a century the fact has been recognized that under certain conditions tobacco taken into the system exercises a pernicious effect upon the eyes. During the last thirty years the subject has been studied with great care; yet, although smoking is almost universal, and the opportunities for observation practically unlimited—although there is no toxic substance so commonly and regularly consumed by mankind, unless it be coffee—our exact knowledge concerning its pathogenetic effect has been by no means accurately ascertained.

We have learned that among the enormous number of smokers a very small proportion become amblyopic. Hirschberg's statistics say 0.6 per cent. of the whole number of cases. "During sixteen years of a rich clinical service," says DeSchweinitz, "Groenow recorded 185 cases of intoxication amblyopia." In these cases, too, most of them were alcoholics, and no discrimination was made.

Among the Turks, with whom the amount of tobacco consumed is enormous, amblyopia is practically unknown. The Turks, on the other hand, are of all people the least given to the use of alcohol; it is indeed forbidden by their religion. Now in view of the fact that alcohol alone will produce a condition of the optic nerves very similar to that which is ascribed to tobacco, we cannot escape the conclusion that the very small proportion of amblyopes as compared with the large number of tobacco users would be still further reduced if it were possible for us to discriminate and select those only who were not given to the use of other intoxicants.

A further fact which is of importance is this: among those who are users of tobacco, and who give evidence of disease of the optic nerve, are those whose daily consumption of this substance is no greater, or in some cases even less, than is that of others whose vision remains unaffected. This may be ascribed to idiosyncrasy. It is much more likely to be due to another cause to which no consideration has heretofore been given, but which cannot fail to have an important bearing.

I refer to auto-toxic conditions already existing in the system and dependent upon other causes. It is a well known fact, though of recent acceptance, that many of the diseases of civilized life are due to a failure on the part of the system to maintain a normal balance in the increment and excretions; sedentary lives, excess in eating, or

persistent over-draughts on the nervous energy prevent the establishment of that absolute equipoise that is essential to health. The blood becomes surcharged with toxicants that alone are sufficient to prevent the tissues of the body from receiving that nutriment essential to make them resist attack.

A further toxic substance is persistently introduced. The nerve centers in a special way are attacked by this latest poison, and we immediately assume that all of the nervous phenomena which present are the result of the nicotin, or of some of the numerous piridin bases (it is immaterial), instead of being the result of the combined attack of the auto- and extra-toxic substances which are brought together in the body.

The importance of the bearing of this side of the subject will be at once apparent. We cannot make a discriminating analysis of a single case until we shall first have learned whether or not arteriosclerosis be present, whether the elimination of urea is sufficient, whether the liver and lungs and skin are doing their work efficiently and thoroughly.

Therefore most of the available studies are unsatisfactory and incomplete. They give gross lesions which are produced not only by tobacco, but by a series of toxic substances of which the tobacco, important as it is, is but one. If then we would study this subject carefully in the light of modern science, we must begin at an earlier stage with a more complete knowledge of our data, and finally,—and this is the second point of importance—with more accurate instrumentation.—F. PARK LEWIS, M. D. in *Ophthal. Otol. and Laryng. Jour.*

PERISCOPE.

USES OF MEDICAL JOURNALS.

Every progressive physician takes and reads one or more good medical journals. The doctor who does not will eventually get into a "rut" and stay there.

This is especially true of those who are so located that they have not the privilege of associating and meet frequently with their professional brethren in the medical society.

All physicians are working for the same object, viz., to cure their patients. They may also be working to make money as their prime object, but they must do it by curing their patients. It may be true that a physician can cure a good per cent. of his patients with the methods of fifty years ago; but he can do it better with present day methods—hygienic methods—not to say anything of medicines—and, then, you know it's worth something to be in style. There are innumerable new things continually coming up in medicine, some are good, others useless. But we must give at least a passing glance to as many

an early abortion ; likewise versions, especially the backward variety, to say nothing of falling or prolapse of the womb, which, unless relieved very soon, is almost certain to disturb the continuation of gestation—all demonstrate very clearly the frequency of uterine causes.

Accidental causes include the many cases that result independently of disease of the mother, uterus, or foetus, and may depend upon any external condition, such as shock, concussion, or any traumatic consequence. Over-exertion, running a sewing machine, or alighting suddenly upon the feet, may result in abortion from accidental causes. Excessive coitus, improper dress, as tight lacing and supporting heavy skirts from the waist, as well as any injury imparted to the uterine region, may serve to disturb the attachments of the ovum or placenta to such an extent as to result in uterine contractions, from which abortion readily follows as an accidental cause.

The first symptom of abortion that will be noticed is bleeding, or hemorrhage. This hemorrhage is as a consequence of detachment of the placenta or ovum, the amount of hemorrhage being governed by the extent of bloodvessels exposed, or degree of loosening of the attachments to the uterus. Pain soon follows as a consequence of uterine contraction. Other symptoms follow and are largely influenced by the cause which produces the trouble, and are likewise governed to a considerable extent, as well as modified or increased in severity according to the degree of advancement, or stage of uterogestation.

As the hemorrhage and pains increase, the patient will often show marked evidence of fever and irritability, a flushed face with nervousness, and marked apprehensive disturbances are often noticed. Nausea as well as vomiting also often add to the general discomfort.

Previous to the third month the ovum is usually expelled or aborts entire, coming away together and intact. After this period it commonly proceeds as at term, the liquor amnii first escaping, then the stage of propulsion by which the foetus is expelled, followed by supplemental contractions and delivery of the placenta, secundines, and the subsequent symptoms as are noted, when labor terminates at the end of gestation in the delivery of the fully matured child.

[To be continued.]

CLINICAL OR MICROSCOPICAL METHODS IN DIAGNOSIS.

I presume the profession is a unit in the recognition of the importance of a correct diagnosis for a successful treatment. The profession is made up of many different schools, differing widely as to the best methods of administering drugs, whether to give the large dose or small dose, or no dose at all. Even members of the same school will many times differ as to the use of certain remedies, but there is one common ground on which all unite. The disciple of Allopathy and Homeopathy, Eclectic and Physio-med., Osteopathy and Hydropathy and every other pathy all unite in declaring, that a

successful medication must of necessity be preceded by a correct diagnosis, and in order to make a successful diagnosis, many volumes have been written as to the best methods of examination in interpreting the language of disease expression.

To be more explicit, we may say, to give a positive character to the above methods, the microscope has been introduced and the bacteriologist now proclaims a certainty in diagnosis that was heretofore impossible. Since the germ or microbial theory has been almost universally accepted by the profession, we are told to examine our patients with reference to the presence or absence of certain germs. If present, the diagnosis is positive. Thus tuberculosis, cholera, diphtheria, la grippe, pneumonia and a host of others are to be subjected to the microscope for a diagnosis. I am inclined to be just conservative enough to declare that the profession has gone quite daft upon this subject. I am not going to discuss whether disease is the result of microbes or not, for this will be proven sooner or later by actual demonstration and can not be determined by theories or prejudices; but the tendency at the present time is to rely more upon the bacteriological than the clinical conditions. The most striking example being that of diphtheria.

The various state, county and city health boards require the presence of the Klebs-Loeffler bacillus to verify the diagnosis, notwithstanding it is quite well known by the profession that this same bacillus is sometimes absent in genuine cases of this most dreaded disease. In fact it is a well known truth, that this same bacillus is found in some healthy mouths and noses and also in company with other bacilli in other diseases. So of other lesions. We are to recognize cholera from cholerae or from cholera morbus by a special bacillus, and if it be not present then our diagnosis can be safely made. I believe that just in proportion as we get away from the clinical picture of disease, will we fail in our efforts to diagnose our cases. The *clinical picture* in phthisis, even in the early stages, is quite convincing; so of cholera, so of diphtheria, of pneumonia, etc, I believe the careful physician is better prepared to say that a patient has diphtheria than the wielder of the microscope, who has never seen the case, and the physician is the one to say when his patient can safely again mingle with the outside world.

To keep a patient in quarantine and all the other children of the family for days and sometimes weeks shut off from the outside world, simply because a bacillus is found in the mouth, is an outrage upon the family and a hardship upon the patient that becomes a very serious matter. An examination of the sputa to confirm or allay the suspicion of phthisis, should not be neglected; but to depend upon the finding of a germ in acute cases before a diagnosis is confirmed, or the finding of the germ after the patient has recovered, thus necessitating a continued quarantining of patient and family, is not only unnecessary, but an infringement upon the rights of the attending physician and the family most interested.

B. L. T.

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CHRISTMAS GREETINGS.

To you and yours, this the gladdest, brightest day of all the glad new year. To you and yours, this the first Christmas of the bright new century, the holiest, happiest day of all the days of the centuries of years.

And have we not cause to rejoice, all of us? Have we not reason to think well of our fellow men, to say a kind word, to bid our kindred God speed, to wish one and all a cup full to the brim, full of happiness and love? Prosperity such as this land never before experienced is about us; from north to south, from east to west, come the sound of hammer and of saw, the hum of wheel and music of the lathe. Never before did man behold such wondrous designs of implement and of engine, beneath the touch of steam and electricity? Distance disappears while the four corners of the land close together as man speaks to man. The soil uplifts great sheafs of grain; cattle and herds graze on a thousand hills that but yesterday were barren wastes or wooded wilds. Our warerooms are full to overflowing both with products of the loom and of the soil; untouched orders to cover months and even years lie recorded in the books of the mighty industries that employ thousands of men where but recently a wilderness reigned supreme. From every corner of this great land we say again arises the mightiest hum of industry the world has ever known; mine and field and forest contribute alike to the music of this army that plants the earth and gathers the harvests; that shapes and creates implement and fabric. The nations of the earth turn their eyes upon us in wonder; ships innumerable carry our products out and return laden with precious freights.

And yet the half has not been told, nor could it be in words. Every man and woman of our people shares alike this wondrous blessing

that is a nation's pride, a nation's wealth, and amid all that rises before us as we pen this Christmas greeting, the physician moves on his errand of mercy, and has his part both as one to share and one to give. A merry Christmas and a happy new year to you and yours, and when the coming year has passed, may we look back again in pride, and then turn forward to a brighter, happier year even than this has been, and speak again a Christmas greeting to you and yours.

PREMATURE EXPULSION OF THE FOETUS.

Loss of the product of gestation before term, or prematurely, is undoubtedly the most common accident of obstetrics. The earliest period of viability is the seventh month, and the child delivered before this time of gestation can not survive for any length of time subsequently. When the foetus is lost during this time, an abortion is said to have taken place. After this, to a short time before term, it is known as premature delivery. Miscarriage is a term used ordinarily in the broader sense without reference to any special period, simply the delivery at any time prematurely—before term. Some authors divide the period of utero-gestation into three equal trimesters, and denominate any termination of gestation in the first abortion, the second miscarriage, and in the third premature delivery.

It has been said that over one-half of the mothers abort before the thirtieth year; consequently every physician will have frequently repeated experiences in treating and looking after such cases; if not during the active throes of the difficulty, later on when various unpleasant sequelæ are quite likely to manifest themselves.

Gestation may terminate prematurely from a large number of causes. Constitutional causes are those that arise from the mother, owing to some perverted condition of the system or pathological lesion from which she may be suffering. Syphilis thus becomes one of the most frequent of the constitutional causes. This disease often results as a *paternal* cause also. Any devitalization or frailty of the health of the mother is always an anticipating cause of abortion. It like wise is very likely to follow acute infectious diseases, as small-pox, typhoid fever, as well as the exanthemata.

Ovuline causes are such as may be referred to the foetus. Any disease attacking the foetus in utero may become a cause of and result in abortion. Intermittent fever is an ovuline cause in some instances, also the eruptive fevers that are frequently contracted during gestation; fatty degeneration of the placenta, as well as apoplexy of the same, may likewise be similarly regarded as causes under this head.

Uterine causes, or those ascribed to the uterus, are responsible for a very large number of the cases, and when one recalls the frequency with which displacements of this organ are encountered, the fact becomes at once apparent. A sharp flexion is almost certain to excite

as possible. If we ignore all, we may miss something valuable. So we separate the wheat from the chaff.

The physician who does not take the literature of his profession may be a long time in finding out that there is such a thing as medullary anaesthesia. He may be still bleeding his patients for every congestion of consequence; he may not have found out that just as good results can be had from prescribing a single remedy well indicated as from a prescription of sixty different remedies combined in one, as the once-famed remedies Venice Treacle and Mithridate.

The medical journal is especially helpful to the young doctor. In it he finds articles from practical experience which he never heard of in college or never saw in a text-book. The majority of the articles are helpful. A few are so "scientific" as to be of no practical use to any one.

The doctor who fails to take at least a couple of good medical journals, thinking he is practicing economy, is "saving at the spigot and wasting at the bunghole." I subscribed for two medical journals my second year in college, and now take six, and consider it money well invested.

Do I read all of them "through?" No, certainly not. Do you buy a newspaper and read it "through?" No; you don't pretend to.

I do not think one is through with a medical journal when he has read it once. I would not part with any of my medical journals.

I have a plan of keeping a record of my journal articles which is original—with me at least. It may be in use by others—or a better way. I read the articles that interest me most after the journal comes. I glance over the other articles so as to become somewhat familiar with them. I then take down my "Index to Journal Articles," which is a large record book indexed alphabetically. I then go through the journal and record under the proper letter each article which I think worth saving. For instance, I read a good article on Bright's disease. I record this under B. Bright's disease, Med. C., 2-01. Which means I will find the article in the February, 1901, number of Medical Century. I read another article on the Medical Treatment of Appendicitis in the Medical Visitor. I record under A. Appendicitis (Med. Tr.), Med. V., 11 99.

One often reads a good article on some disease and its treatment, and lays the journal away. In a year or two afterward he has a case of the same disease of which he read. Complications come up. The case does not progress satisfactorily, although he does his utmost to intelligently meet the complications as they arise. He tries to think. Somewhere, sometime, in some journal, he read an excellent article by some one on this same disease. He does not clearly remember the exact treatment but he remembers that the case got well. If he only knew where to find that article. It is among some of his journals. But to search the lot through would be a waste of time.

When such a condition presents itself to me I get down my "Index to Journal Articles." If it is typhoid fever, I look under T, and find I have indexed several good articles on typhoid fever and its complications. Many times we find something that helps us out of the difficulty and clears out the case. Something we wouldn't have found in the text-book. If you keep an index you should keep your journals in such a shape that you can get at them easily. Those journals of book size, with title and dates printed on back, are handiest to file. They can be set up on shelf like a book and referred to easily.

I believe this method of indexing journal articles is superior to getting journals bound each year and it is much cheaper. In bound journals you have to look through as many indexes as you have bound volumes if you want all on a certain subject. With the method I have spoken of, you have the index of all your journal articles in one book. It does not take long to record the articles in your index. Many suppose that it takes too much time to do this. Certainly if you allow your journals to accumulate it will be quite a task. But do not let this occur. I have found the work along this line time well spent. I would especially commend it to young physicians. If any one has a better method without going to expense of buying a file cabinet let us have it.—W. J. BLACKBURN, in *Medical Century*.

A DRESSING FOR ABDOMINAL WOUNDS.

Professor R. T. Morris, of New York, whose contributions on abdominal surgery have been of so much value, has for many years made extensive use of aristol in the dressing of abdominal wounds. In his lectures on appendicitis, he states that he has replaced iodoform by aristol, which is similar in its action, but is preferable "because it adheres to the tissues much more tenaciously, because it seldom, if ever, produces any toxic effects and because it smells better." He believes that while aristol does not act directly as an antiseptic, it quickly forms with lymph a thin, protecting coagulum, which is almost impenetrable to bacteria, the free iodine which is given off destroying the existing potomaines.

He considers aristol of the utmost importance in closing tissue planes against infiltration from a wound. Aside from its use as a dressing to the external wound, he has found this drug of great service in preventing secondary peritoneal adhesions. Other very prominent surgeons, as for instance, professors Tuttle and DeGarmo, have been equally strong advocates of aristol in abdominal surgery, and it is of interest to note that it was recently used in the dressing of the late President McKinley's wound (*American Journal of the Medical Sciences*). The special advantages of aristol for the treatment of wounds are its remarkable cicatrizing property, its freedom from irritation and its analgesic action.

BELLADONNA.

Belladonna is the remedy for passive cerebral hyperemia or congestion anywhere. In hay fever, ozena, or catarrh with profuse secretion from the nasal mucous membrane, the prescription that has given most happy results, has been five drops of specific belladonna to four ounces glycerine, teaspoonful every two hours. Sometimes relief will follow the administration of belladonna in bed-wetting of children. In one case the child was a female, fourteen years old, a bright little girl and much embarrassed because of the failing. She was delicate and the capillary circulation sluggish; belladonna, five gtt. to four oz. aqua, teaspoonful every four hours cured this case.

Belladonna will prove diuretic in renal congestion, if we are acute enough in our diagnosis. The congestion of internal organs is frequently hard to detect and is often mere guess work; of course, we could not expect much from a remedy upon a doubtful diagnosis. Some cases of colligative sweating are checked by belladonna in small doses; the only objection to its use is the unpleasant dryness of mucous membranes when the dose of belladonna is large. The remedy should always be given in small doses. If a mistake is made in the size of the dose, it is never because the dose is too small; five drops of the sp. med. to four ounces of vehicle is usually sufficiently large for any purpose.

Prof. Whitford of Chicago once told me that belladonna and carbolic acid applied externally, would relieve the pain and swelling in inflammatory rheumatism. I omitted asking at the time the quantity of each used, but when the opportunity occurred, the professor's remedy was given a trial by making a mixture of belladonna sp. med. two oz., carbolic acid two oz., or equal parts of each. This was applied to the swollen and tender knee and ankle; the pain was relieved, but the next day the epithelium came off. Notwithstanding this, the patient continued to use the application whenever and wherever a pain appeared, even if it did take the skin off. Sometime later, I again saw Prof. Whitford and told him how his prescription worked; he said that he only used three drachms of carbolic acid and three drachms belladonna to three and one-half oz. glycerine, and this is the prescription which has been found quite efficient in some cases, although occasionally I still resort to equal parts and have patients who will not have anything but the stronger preparation.

Belladonna xx gtt. in four oz. glycerine is a mixture which is found of considerable value in some forms of leucorrhea. It is used on tampons of cotton, directing the patient to remove the tampon in a day or so, and after a copious injection of warm water, another is introduced. No doubt the above use of belladonna is quite familiar to medical men, but some cases have been met with in which its employment had to be discontinued because of constitutional effects; the patients complaining of blindness, dizziness, and floating specks before the eyes.

Then frequently another condition develops, which I have called belladonna melancholia ; the patient becomes depressed, discouraged and gloomy, life looks dark and they take a despondent view of all its relations. This melaucholia is not unusual in those who take a nightly belladonna aloin and strychnine pill ; on this account I have abandoned the use of any laxative or cathartic combination containing belladonna. The belladonna melancholia is very likely to occur in any patient who uses the remedy for any considerable length of time, and has been known to occur from the wearing of a belladonna plaster on the back.

As to belladonna being a prophylactic in scarlatina, I can only say that I always give it to the other members of the family in which there is a case of this disease, and have observed that frequently the other children would escape entirely, and in those who did not escape the symptoms were ameliorated.

L. W.

DYSENTERY.

During the past autumn an endemic of bowel trouble of a mild nature was prevalent in this locality. The disease spared neither sex nor age, but was the cause of no deaths. The symptoms varied very little, and consisted of frequent and small fecal discharge, made up of mucus, slime and blood. There was considerable pain and griping and a slight pyrexia in most cases.

Case 1.—L. D., aged 30, grain merchant, was attacked with this trouble August 4, 1901. He was not confined to bed, but on account of the frequent bowel discharges and pain he remained at home. R : Magnesia sulphate 3ij, tincture cinnamon 3j, simple elixir 3iv; teaspoonful every two hours. He improved rapidly, and was at his usual occupation the next day, when the trouble had almost disappeared.

Case 2.—Rev. A. C., married, aged 60, was taken sick Aug. 6, with pain in bowels, frequent focal discharges, small, consisting of mucus and coagulated blood; temperature 101°, pulse small and frequent, considerable griping pain in bowels at intervals. R—Sp. aconite, sp. ipecac. aa. gtt. v, tinct. camphor et opii 3j, sulph. magnesia 3ij, cinnamon water 3iv; teaspoonful every two hours. The patient made a rather slow recovery, but was up and out in three days. The prescription was not changed.

Case 3.—Andrew H., hack driver, aged 40, married, of good habits, called Aug. 6, 1901, with scanty mucous diarrhea streaked with blood. Been sick two days; was unable to follow his occupation. R.—Magnesia sulphate 3 j, aqua cinnamon 3 iv, teaspoonful every two hours; he resumed his work on the 8th without further medicine or treatment.

Case 4.—John K., farmer, aged 50, married, was visited at his home Aug. 9, 1901. Temperature 100, pulse 100, tongue coated with whitish film; small griping discharges, numbering 15 in 12 hours, no fecal matter in discharges which consisted of about a teaspoonful of jelly like mucus, streaked with blood. R.—Sulphate magnesia 3ij,

In our opinion, because of its rather feeble action, the use of panax should not be despaired of, if positive results do not come quickly. It should be given for a long time before being condemned as of no medicinal value. From ten drops to one half a fluid drachm of specific panax should be added to four fluid ounces of water, and of this the dose is one drachm every one to three hours. If any reader of the Journal has studied this remedy, or will study it, and will report to us his conclusions and experience, we will be under lasting obligations to him. We have always thought that an article that is of so much prominence in the commerce of a great nation, was certainly of some value, and that its true worth may be wholly unknown to us. W. E. B.

MELILOTUS.

This is that, to us, unpleasant smelling melilot, or sweet clover, that is so abundant on abandoned lots and roadsides. As a remedy two things point to melilotus; they are pain and debility. Usually the pain is not reflex, and the skin and extremities are cold. The patient is miserable and wants relief at once, and sweet clover frequently brings sweet relief. Try melilot in the next case you have of neuralgia plus debility; no matter whether it be recent or of long standing. It may be ovarian or not. Try it in the debilitated case that has a colic. There is coldness, tenderness, pain. Try it in that case of diarrhea plus pain, and the above symptoms; try it in dysuria plus pain, soreness of the parts and depression; try it in dysmenorrhea plus pain in womb, and ovaries, and hips—lameness. The sweet clover dysmenorrhea patient has pain, is lame, and cold, and colicky. She passes flatus, but is not relieved. Try melilotus in your next depressed, depraved rheumatic case; no matter whether sciatic or not, so that the other symptoms present. Try sweet clover in any case of poor blood, cold surface and extremities, in which there is pain, no matter where it is—rectum, chest, abdomen, pelvis.

It will meet favorably many of those cases of idiopathic headache, in which the above symptoms predominate; and as we said above, it is a most excellent remedy for neuralgia, especially old, long standing, worn cases, ovarian or otherwise. It is also recommended as an excellent relief for the colic and incident spasms of teething children.

The dose of the specific medicine is from one to ten drops every half hour or less, taken in an abundance of water. W. E. B.

CARE OF SYPHILIS.

Alcoholic beverages should be used with great discretion in the treatment of syphilis, and should always be forbidden except with the consent and under the watchful care of the physician. The weak, debilitated and anemic may be allowed small quantities of the milder stimulants or malt extracts, but these should be strictly excluded

both from the dietary and medicinal treatment of the gouty or well nourished. The use of brandy, whisky or wine will be sure to delay the recovery of the patient, and in any case will prevent as complete a return to health as would otherwise occur.

Tobacco should not be used by syphilitics, as its indulgence in any form aggravates the disease. Tobacco when chewed or snuffed irritates the mucous membrane of the mouth, nose and throat, and induces the development of fissures, ulcers, and mucous patches—conditions difficult to successfully combat. The users of tobacco are sometimes hard to restrain, and will undergo much pain and discomfort to indulge themselves, persisting in the habit when they can but see that such a course is deleterious and retards recovery. Excessive smoking of tobacco ever tends toward nervous irritation, and is prone to direct the activities of the disease to nerve centers. The various substitutes for tobacco are not to be commended for they also generally cause irritation of mucous membranes. A patient with syphilis is decidedly better without tobacco, especially in the early stages.

Baths should be freely employed in the treatment of syphilis, not only for the purpose of cleansing the skin, but also to render it firm, tonic and healthy, thus restraining the tendency to dermal manifestations. Frequent baths favor transpiration through the skin, and expedite the expulsion of the syphilitic virus.

The daily bath is to be recommended. Those who are weak and feeble may simply have the body rapidly rubbed with warm salt water, then dried briskly with a rough towel. The more robust may take the cold bath, then dry with brisk friction until the skin glows. Very hot baths and vapor baths are, as a rule, to be avoided or taken only under the advice of the physician.

One of the greatest mistakes made in the treatment of syphilis is that of relying wholly upon drugs. The physician should be watchful of the patient's general health, ever making his first object the strengthening and conserving of vitality, so that there will be force to meet and successfully combat present manifestations, and a reserve fund for future contingencies. Under a well selected and judicious course of treatment a patient with syphilis should gain in weight, be able to follow his business or profession as usual, and in general enjoy life as before.

L. W.

THE AMOEBA.

One of the simplest forms of life is the amoeba, which is but little more than a living cell. By flowing around substances with which it comes in contact, the amoeba, in a manner, swallows them, and having digested and assimilated such parts as are capable of being converted into protoplasm, it flows away from or excretes the balance. Spontaneous movement is exhibited by the amoeba through a continuous flow of its protoplasm, where by it not only changes its form from

veratrum will, by paralyzing the vaso motor centers, remove the arterial resistance in the arterioles, and lessen the force and frequency of the heart's action. It was formerly the fashion to give large doses of veratrum in pneumonia to reduce the frequency of the pulse; the remedy would do this and in many cases crisis and recovery would occur, but sometimes collapse and death resulted, and so it comes about that the remedy is not used so much in pneumonia as before; this, however, is in no wise the fault of the remedy, but a fault in the administration of the remedy. Veratrum is a drug that is potent for good or evil, and its indiscriminate and careless use can not be too strongly condemned. A favorite prescription with us, learned from Prof. Howe, is veratrum and Fowler's solution in the hectic of phthisis; the dose of each remedy is five drops to four ounces of water, and while it will not cure consumption it reduces the temperature and slows the pulse, thus rendering the patient more comfortable and smoothing the path to the inevitable. Occasionally we have painted the inflamed glands in tonsillitis with specific medicine veratrum, but have doubted whether the results were very brilliant. As a remedy in erysipelas, with full and bright red tissue, veratrum has never given us the good rapid results that follow the administration of iron and echinacea. But in puerperal fever, with full and bounding pulse, veratrum is an excellent remedy; drops $\frac{xx}{3}$ to $\frac{3}{4}$ iv of water, teaspoonful every two hours. Puerperal fever, usually due to septic infection, is now a much rarer complaint than before the days of antisepsis. In our practice, we have had but one case in the last ten years and that was fully developed before we were called to take the patient from the care of a midwife; the temperature was 105, pulse full and strong, abdomen swollen and tender, and the discharges offensive; veratrum and echinacea were given internally, the parts were thoroughly cleansed and she made a good recovery. In this case, however, echinacea was also given and perhaps this with the general cleansing had as much to do with the cure as veratrum. In puerperal convulsions, veratrum is highly recommended, but our chief reliance is upon hypodermics of morphia and atropine. We have never found it necessary to give either veratrum or gelsemium in these conditions. As veratrum is the remedy for sthenic fever we rarely find it indicated in typhoid, except perhaps at first. Veratrum is not, as a rule, indicated in asthenic conditions. As a remedy for syphilis the effects of veratrum are simply nil; it is useless to waste valuable time while this serious disease is rapidly progressing in giving veratrum; the physician who does so, will find his case leaving him. According to some eclectic writers, veratrum will cure fever, pneumonia, pleurisy, bronchitis, peritonitis, nephritis, cystitis, meningitis, cerebritis, tonsillitis erysipelas, cardiac palpitation, anemia, exophthalmic goitre, syphilis, gonorrhœa, chordee, boils, carbuncles, felonies, ulcers, cold sores, or inflamed pimples; such extravagant exploitation has a tendency to depreciate the real value of a good remedy, and

bring ridicule and contempt upon eclecticism and specific medication. It seems hard for eclectics to get rid of the old method of treating names rather than conditions. Veratrum is indicated in full and strong pulse, with fullness of tissues, a remedy for sthenic fever and inflammation, so that no matter what the disease may be called veratrum may be given whenever these conditions are found, and to endeavor to name every disease in which the remedy may be indicated is simply to review the entire nomenclature. We have no specific for the names of diseases.

PANAX QUINQUEFOLIUM.

This is the aralia canadensis, or well known ginseng. The American species is more or less abundant throughout the United States and Canada, but it is generally conceded that it is inferior to the Chinese variety. Ginseng enjoys its greatest popularity among the Chinese, and their demand for it has made it an object of no little commercial value; so much so that it has been proposed to grow the plant as we do farm products generally. We doubt the adoption of the idea, unless it be done wholly to satisfy the foreign demand. However, it is declared to be the active principle in one of the well advertised proprietary remedies. This may assist in bringing the remedy to the notice of the profession anew. However, at this time the general opinion seems to be that it is not a very active medicine, though it is not wholly unworthy of respect. Perhaps a close study under modern methods and ideas might bring through it and to it very gratifying results.

The properties ascribed to panax are stimulant and tonic to both the nervous and the circulatory systems. It is said to have a special or specific action, in that it increases the capillary circulation of the brain. Because of this it is highly recommended in cerebral anemia, and in mental exhaustion due to overwork. To us, however, it seems quite probable that this action upon the circulation is indirect or secondary, and that its direct or primary effect is upon the nervous centers, especially the sympathetic. It is generally commended for its beneficial effects in nervous prostration, nervous dyspepsia, nervous debility, etc.

Panax is also prescribed with some confidence in paralysis, convulsions, asthma, and in some so called "gravel" disturbances of the urinary apparatus. Aphrodisiac powers are ascribed to it and by some it is thought that to obtain this effect is the chief end of its free and frequent administration and use among the Chinese. We can neither affirm nor deny, as we have not used it sufficiently to express positively our opinion. We invite the co-operation of JOURNAL readers. Try it and report.

Further, because of its stimulating and tonic effects ginseng is proposed as a remedy for atonic cases of laryngitis, bronchitis, and some particular cases of phthisis pulmonalis.

specific aconite gtt. v. specific ipecac gtt. v, tincture camph. et opii 3 ij, cinnamon water 3 iv. On the 10th his temperature and pulse were normal, the discharges were diminished in frequency, having had but three since beginning the remedy. He was dismissed and at work again on the 12th.

CASE 5.—Lewis R., postman, called at office Aug. 12, presenting the usual symptoms; scant diarrhea, mucous and blood with gripping pain. R.—Sulphate magnesia 3 j. cinnamon water 3 iv. teaspoonful every two hours. He was relieved in 6 hours, having no further discharges after the first dose of medicine; this patient was greatly surprised and gratified at the quick results of the remedy.

CASE 6.—Prof. R. E. A., Superintendent of schools; Aug. 14, called at office with the characteristic small, bloody discharges, pain and pyrexia. R.—Sulphate magnesia 3 j. specific aconite, specific ipecac gtt. v, cinnamon water 3 iv, teaspoonful every two hours; his relief was immediate. He took but 4 or 5 doses of the medicine in all.

CASE 7.—Joa. A. Bricklayer, was seen at his home Aug. 15, 1901; he was suffering intensely from abdominal gripping; the bowels were moved every few minutes with increase of the torments and tenusmus; the discharges were small and liver-like in color and consistence, temperature 102, tongue elongated and pointed with slight nausea. R.—Sulphate magnesia 3 j. specific aconite, specific ipecac aa. gtt. v, tincture camph. et opii 3 iv, cinnamon water 3 iv; teaspoonful every two hours; on the 16th the discharges had diminished in frequency to one about every 4 hours, the temperature was 100 and pulse 90, less pain and gripping; on the 17th the patient was greatly improved and dismissed upon the 18th.

CASE 8.—M. J. Sumner, factory hand, aged 30, married, quit work in middle of afternoon Sept. 15, 1901, on account of what he called "flux," he presented the symptoms before narrated, frequent discharges from bowels, scanty and jelly like, no blood, with pain of gripping nature on defecation. R.—Sulphate magnesia 3 j. cinnamon water 3 iv, teaspoonful every two hours; he required no more medicine and was at work the next day.

CASE 9.—Minnie B., female, aged 6 years, was taken Aug. 12, 1901, with gripping pain in bowels, small and frequent slimy discharges consisting of mucus and blood, temperature 102, pulse 120. R.—Sulphate magnesia grs. 20. aconite gtt. iij, ipecac gtt. iij, aqua 3 iv; teaspoonful every hour. On the 13th the child had entirely recovered and was dismissed.

CASE 10.—Raymond H. aged 3, male. Aug. 17, 1901, called to find the child screaming with pain and suffering with diarrhea, small and frequent mucous discharges. R.—Sulphate magnesia grs. x, tincture camph. et opii grs. x. simple syrup 3 ij; teaspoonful every hour. The patient was relieved of the pain and gripping in two hours and the diarrhea was checked in 12 hours.

CASE 11.—Robt M. aged 80, male, retired farmer; Aug. 20 was attacked with pain in the bowels with frequent and small mucosanguineous discharges; the patient did not believe in doctors, and domestic remedies were given for two days without relief; the discharges became so frequent, and the patient so weak that finally he was unable to arise from his bed and the discharges were involuntary; still refusing to have a physician the son called at my office, and requested me to send medicine which he would give the old man as a domestic preparation. R.—Sulphate magnesia 3 j. paregoric 3 ij, cinnamon water 3 iv. There was immediate improvement and the patient recovered with one bottle of medicine.

CASE 12—Rebecca H., washer woman, widow aged 50, called at the office Aug. 21, 1901, with a history of mucous dysentery of five days duration; the discharges were increasing in frequency, now coming every half hour with much pain and a constant desire to defecate with urging gripping; the discharges were almost "clear blood," so she said, and "very weakening." R.—Magnesia sulphate 3 ij, tincture camph. et opii 3 ij, simple elixir 3 iv; teaspoonful every two hours; she recovered and was about her usual work in 2 days.

The case book shows over a hundred cases similar to the above and these few are quoted to show the general nature of the trouble, and the treatment which varied but little in all. It was sometime before a confidence was felt sufficient to rely upon magnesia sulphate in bowel troubles of this nature; now it is trusted with a feeling of safety based upon a successful experience. Tincture camph. et opii, aconite, ipecac echinacea, and sometimes nux, are combined with the mixture to meet the indications, for we do not treat names of diseases, but solely the condition as revealed by the symptoms. Sulphate magnesia is a remedy that will not disappoint either the physician or patient when given in those conditions of bowel difficulties characterized by frequent, small, mucous, bloody or slimy stools, usually accompanied by pain and gripping; the dose should be small, never more than one or two drachms to four ounces of vehicle. L. W.

VERATRUM.

Veratrum is a pulse slower; there is no doubt of that, it will slow a rapid pulse and make slower a normal pulse; every one who has used the remedy in appropriate doses is well aware of the fact. It is a question as to whether we need to slow the pulse on all occasions, when it is abnormally full and frequent; there may be causes which should be removed before the veratrum could come in properly to relieve a morbid condition; The pulse may be necessarily full and frequent and to restrain it may do harm instead of good. In cardiac hypertrophy we have a full, strong, and frequent pulse, still veratrum is not the remedy, for the heart is simply compensating.

When the temperature is elevated, the pulse full, strong, and rapid,

moment to moment but also shifts its position ; this change of position and shape also manifests another property, that of contractility.

In the human body we have an example of this contractility in the muscular system ; muscular contraction is but a flow of the protoplasm composing the muscular cells. When a stimulus is applied to the amoeba it shows the effect by moving away from the point of irritation, a slight indication of the greater irritability of the nervous system of man. The amoeba absorbs oxygen and gives off carbonic gas, foreshadowing the respiratory function in man, and lastly the amoeba grows and reproduces. It thus lives, moves, grows, reproduces, and after a time dies, having during its entire existence been but a minute mass of living matter or protoplasm. These then are the elementary functions of primary constituents of the human body, and although their arrangement is often complex and intricate, they are but an elaboration of these simpler properties. The complex human body is composed of organs and tissues, which are constructed from protoplasmic cells. The cells forming the body become specialized into groups, each exhibiting one special property of protoplasm, and the subordination or suspension of the others. Human physiology is a study of these properties and powers as manifested in the body through various complex and intricate combinations.

THE NEW SETON HOSPITAL.

The very liberal patronage by our physicians throughout the country to our new Seton Hospital, is to say the least, very commendable. It has given our students advantages never heretofore possessed by any medical student in Cincinnati, and as the years go by, it will add additional luster to the old alma mater—the Eclectic Medical Institute, which is the pride of thousands of Eclectic practitioners throughout the United States. The Sisters intimate that if this liberal patronage continues, they will be forced to make extensive additions to the already enlarged hospital.

L. E. B.

A TRIP TO JAMAICA.

The editor expects to leave for New York City on Christmas day, spending a week there on business, and on January 2nd will sail from Philadelphia for Jamaica, West Indies, on the steamer "Admiral Sampson" of the United Fruit Company Steamship Line. He will return before February 1st, and may possibly get an article on the climate of Jamaica in the next issue of the Journal. The February Journal will be in the hands of Professor Lloyd, which insures a good number.

J. K. S.

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BOOK NOTICES.

TEXT-BOOK OF SURGERY. By Dr. Herman Tillmanns, M. D. Translated from the seventh German Edition by Drs. Benj. T. Tilton and John Rogers, and edited by Lewis A. Stenson, M. D. Vol. 1. **THE PRINCIPLES OF SURGERY AND SURGICAL PATHOLOGY.** With 566 illustrations. New York, D. Appleton & Company. 841 pages. Price, cloth, \$5.00.

This is the first of the three volume edition. The work has been subdivided into separate volumes to meet what seems to be the demand of the present time. It is important that medical students as well as practitioners should have a thorough knowledge of the principles of surgery and pathology and bacteriology. The present volume contains not only a complete exposition of these subjects, but also chapters on the diseases and injuries of special tissues with their treatment; tumors, general surgical technique and bandaging. This leaves the two volumes yet to follow the applications of the principles to be learned in this volume. This work deserves the consideration of anybody in quest of a new surgery. Obsolete things have been eliminated and it is in every respect up to date, and the results are in accord with the latest researches in surgical pathology and the most modern development of general surgical technique. If we were to offer a criticism, or rather a suggestion, we think the work would be sufficiently complete without the methods of preparing cat-gut and ligature material generally, and methods of staining, and the preparation of surgical dressings, etc. It does seem to us that the general preparation of these necessities upon which so much depends, should be wholly intrusted to the manufacturer or the dealer, who has every facility that money can purchase to assist in such preparation. When in medicine, one uses a reliable drug, one-half of the uncertainty of results is removed; so in surgery, when the surgeon

knows that his sutures and dressings are thoroughly aseptic, one-half of his concern is dissipated.

Paper and workmanship are of Appleton's best, and we have only commendation for the book as a whole.

W. E. B.

FIRST AID TO THE INJURED AND SICK. By F. J. Warwick, M. D. and A. C. Tunstall, M. D. 16mo. 232 pages and nearly 200 illustrations. Philadelphia, W. B. Saunders & Co. Cloth, \$1.00 net.

This pocket size volume seems to us one of the most practical we have seen for some time. Although the book is intended as an aid in rendering immediate temporary assistance to a person suffering from an accident or sudden illness, until the arrival of a physician, we are quite sure that it is a better work for the physician than for the laity. It treats of anatomy and physiology in outline, bones, joints, soft parts, vessels, respiration, digestion, excretion, the nervous system, gives and very complete instruction upon bandaging, the treatment of hemorrhage, wounds, dislocations, fractures, sprains, asphyxia, poisons, burns, scalds, electric shock, the removal of foreign bodies from eye, ear and nose, the transportation of the sick. There are more than 150 illustrations. All in all, the book is worth a dollar to the physician, to nurses, railway employes, policemen, in short, to anybody and everybody.

W. E. B.

THE PRACTICE OF OBSTETRICS BY AMERICAN AUTHORS. Edited by Charles Jewett, M. D. Price, cloth, \$5.00. Lea Brothers & Co., Publishers, Philadelphia.

This was one of the many new works to appear during the past few years. Prof. Jewett has associated in the preparation of the work, eighteen collaborators, teachers from the principal colleges of the country, each contributing to a certain part or department. The first edition attained considerable popularity, particularly as a text-book, and the issue was soon exhausted. The present second edition has been revised in every part, also enlarged, so that there are now 775 pages, 445 engravings, with 35 full page colored plates, placing it well abreast of the times, and we bespeak the careful consideration of any who may desire something along this line.

R. C. W.

A TEXT-BOOK OF PHARMACOLOGY. Including Therapeutics, Materia Medica, Pharmacy, Prescription-Writing, Toxicology, etc. By Torald Sollman, M. D. Octavo, 880 pages, fully illustrated. Philadelphia, W. B. Saunders & Co. Cloth, \$3.75 net.

This work is not only adapted to the use of medical students, but also to the druggist. It is so arranged that it may be used for purpose of study as a class-book, and again as a reference manual, having much matter separated by signs and through the use of smaller type. The author has arranged his drugs in well defined pharmacological groups, ascribing to each group general action and properties,

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EDITORIAL FROM E. M. JOURNAL.

and of the individual members has given those particulars which show a deviation from the group type. The author's aim has been to show forcibly the intimate relation between pharmacology and practical medicine. It includes *materia medica*, pharmacy, prescribing, derivation, composition, strength of drugs, dose, incompatibles and toxicology, all treated in a novel manner. Pharmaceutic assaying and laboratory experimentation has also received due attention. The work is well worth study.

H. W. F.

TEXT-BOOK OF MEDICINE. For Students and Practitioners. By Dr. Adolph Strumpell. Third American Edition, translated from the thirteenth German Edition, by H. F. Vickery, M. D. and P. C. Knapp, M. D. D. Appleton & Co., New York. Cloth, \$6.00.

The fact that this work has run through thirteen editions in his own country, and that translations have appeared in French, English, Italian, Spanish, Russian, Modern Greek, Turkish and Japanese, speaks as loudly in its favor as any review that may be written. In this day, when hundreds of books are being yearly written on the practice of medicine, one must possess merit of unusual degree to lead in the field. Like most German writers, great care is given to each subject treated, and having gone through the work, one feels he has been in touch with a master of his subject.

In the treatment, however, we are somewhat surprised to see the coal tar products still used in large doses; for example, in typhoid fever, page 27, he advises Antipyrine in from fifteen to thirty grain doses, repeated several times per day, though as a *rule we should not exceed eighty to ninety grains* in twenty-four hours. Antifebrine, four to seven grains at a dose, and phenacetine in fifteen grain doses. He also uses these same preparations in pneumonia. While we can not subscribe to much of the treatment recommended, the general subject of diseased conditions are treated as but few can.

R. L. T.

PRACTICE OF MEDICINE. Containing the Homoeopathic Treatment of Disease. By Pierre Jousset, M. D., physician to St. Jacques Hospital of Paris. Translated from the third revised French edition, by John Arschagouni, M. D. A. L. Chatterton & Co., New York, 1901.

This work is the result of fifty years experience, both in private and in hospital practice in that wonderful city on the Seine, Paris. The superior facilities for observation of disease in all its varied forms, has enabled the author to draw from his great storehouse, that wealth of knowledge to be found in his book.

To the English reader, it may seem that the author has made unnecessary division or classification of his subject, but after a little study, it rather simplifies than confuses. His manner of dealing with each disease is also different from most writers, in that the etiology and pathology is placed just before treatment. His manner of

discussing the etiology is modern and that generally accepted, namely, the microbic. The treatment, while homeopathic, is quite liberal as to dose. The homeopaths may well feel proud of the work and the liberal physician desiring to keep posted on all lines, will do well to secure this book.

R. L. T.

ANATOMY, DESCRIPTIVE AND SURGICAL. By Henry Gray. A revised American, from the fifteenth English edition, by T. Pickering Pick and Robert Howden. Large octavo, with 780 illustrations. 1257 pages. Lea Brothers & Co., Philadelphia. Sheep, colored plates, \$7.25 net.

For a medical and scientific work to pass through a half century and still be regarded as a leader, it must possess great merit. Such is the history of Henry Gray's masterpiece. During this long period, many excellent works have been written and adopted as text-books in a few quarters, chiefly on account of excellent treatment of particular subjects in anatomy. For uniform excellence upon the whole range of anatomy no work excels, or even approaches, in our judgment, the new twentieth century of Gray. Some recent American editions of this work were disappointing, especially in the garbled and badly handled sections on the brain and abdominal viscera. These objectionable features have been eliminated in the present edition and the direct, clear and beautiful style of Henry Gray has been followed by the revisors. The work has been somewhat rearranged, many new and splendid illustrations added, and the sections on general anatomy and embryology have been vastly improved, both in matter and pictorially. Gray easily holds the front rank in large anatomies and one can make no mistake in purchasing this edition.

H. W. F.

ESSENTIALS OF OBSTETRICS. By Charles Jewett, M. D. Price, cloth, \$2.25. Lea Brothers & Co., Publishers, New York.

This small work answers very well the purpose for which it was introduced, viz., to place the essential facts of obstetrics within easy grasp of the student, preparatory to taking up the larger and complete treatise on the subject. The work is well illustrated and deals with all the important points of the subject.

R. C. W.

ESSENTIALS OF DISEASES OF CHILDREN. By William M. Powell, M. D. Revised by Alfred Hand, Jr., M. D. W. B. Saunders & Co. 1901. 259 pages. Cloth, \$1.00.

This is a revision of Saunders' Question Compend No. 15, now in its third edition. It is based on several well known and standard works on paediatrics. Owing to rapid and extensive advances made in this study in recent years, it has been necessary to rewrite the section on infectious diseases. Extensive changes have also been made in the paragraphs on pathology and a section on infant feeding has been added. Finally, the whole subject matter has been rearranged

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The work is written in a clear style and is prefaced by an excellent chapter on the medical examination of children. The symptomatology is good, but the treatment in many instances will not commend itself to eclectics.

H. W. F.

A TREATISE ON SURGERY BY AMERICAN AUTHORS. For students and practitioners of medicine and surgery. Edited by Roswell Park, M. D. Third edition. Royal octavo volume of 1350 pages, with 692 engravings and 64 full page plates in colors and monochrome. Cloth, \$7.00 net. Lea Brothers & Co., Philadelphia.

This new edition of Park's Surgery brings the latest researches in the surgical world to the time of the issue of this third revised and enlarged edition. A resume of the work shows that it is logically and scientifically presented to the public, dealing with the principles of surgical problems and illustrating quite profusely the text with nearly 700 pictures, and almost a hundred pictures with full page plates in colors. That this work should receive the commendation of the profession at large, goes without saying.

L. E. R.

A TEXT-BOOK ON OBSTETRICS. By B. C. Hirst, M. D. Third edition. W. B. Saunders & Co., Philadelphia. Price, cloth, \$5.00.

Since its first appearance, Hirst's has been one of our especial favorites of the many works on obstetrics. We consult it probably oftener than any other work and always find it satisfactory, concise, though exhaustive in the subject matter. The work was popular from the very first, and the appearance of the present third edition, within almost that number of years, serves to sustain the early and first impression. The two preceding editions seemed thoroughly replete in every particular, and with the new revised and enlarged edition, the work is up to the very present in every department. Additions have been made to every chapter, especially those relating to diagnosis of pregnancy, pathology of labor, pathology of pregnancy, as well as obstetric operations. Likewise more than fifty new illustrations have been included in the present revision. Any one desiring something additional to their text books, as well as modern, recent and new, will do well to select this work.

R. C. W.

WARWICK OF THE KNOBS. By John Uri Lloyd. 12mo. 305 pages. Cloth \$1.50. Dodd Mead & Co., New York City.

Instead of reviewing this book or handing it to a friend to review, we shall present our readers with a review by a talented author, orator and statesman, Governor Will Cumbback of Indiana. Several hundred reviews, equally as eulogistic and comprehensive have come under our observation, but this one, we take it, embodying the substance of the others, will appeal to our readers by reason of the direct language and the reviewer's well known conspicuity. In this connection we will say that much discussion is now being made as to who is the main

character of the book, and in this sense also readers of Warwick will be interested in what Governor Cumback has to say.

"Prof. John Uri Lloyd, of Cincinnati, author of "Stringtown on the Pike," has made another valuable and interesting contribution to literature in "Warwick of the Knobs," a story whose scenes are located in the same country in northern Kentucky which Stringtown has made famous.

"Stringtown on the Pike," which has had and is having a great success, was written to show the superstitions of the old negro slaves of the antebellum days. This last book is evidently intended to portray the dogmatism in religion of their masters forty years ago, and to exhibit its effects on the home life of Warwick, the hero of the story.

Preacher Warwick of the Knobs, with the Bible hugged close to his narrow soul, chanting his doleful refrain of foreordination and predestination, dead to all human cries and natural instincts, challenges admiration in the midst of severest condemnation. He is the soul of honor, courage and sincerity, and the reader feels impelled to rush to the breach, when he sees death rob him of his sons, disgrace steal away his daughter, and pride close the door on his only remaining son, while he is left alone before the bleak hearth with only his Bible and his humbled Warwick pride.

Around this character of preacher Warwick is woven a story of pathos, love and tragedy that leads the reader's imagination captive through the stirring scenes in which the optimism of youth and hope—the pessimism born of experience and maturity, are alike the playthings of the fortunes of war. The scenes are clear and skillfully projected, events following in their natural time and place with inevitable sequences. The delineation of character is so strong that the reader waits impatiently for Joshua with his mountaineer lingo to set things right by his shower of unornamented facts.

If a book leaves its readers better, happier and more alive to the higher things of life, it has accomplished its greatest possibilities. In this volume is found no apology for vice. The ethical teaching is pure and good. It is written in the happy style characteristic of Professor Lloyd. He has the genius to go into new fields for romance. In this respect his books are unique and unlike the modern novel. Without apparently aiming to do so, their purpose is to better human conditions. One feels, after reading "Stringtown on the Pike" or "Warwick of the Knobs," that the author has cleared our mental and spiritual atmosphere; that we have been in touch with a master mind and a loving and sympathetic spirit. We have less tolerance for bigotry, more hatred for treachery, and a higher and broader conception of courage and integrity. We despise not only the man who betrayed Warwick's daughter, but all men who trifle with honest love. We admire the tenderness and fidelity of Joshua Warwick and find in him a broader and purer Christianity than that preached by his father."

PERSONALS.

RESOLUTIONS.—Since it has pleased the all wise and heavenly Father to remove from our midst, our deceased brother and classmate, Hezekiah Flint, in whom we all had a kind, noble and ambitious fellow student of the Eclectic Medical Institute; we express our feelings of sorrow at his sudden departure; yet we trust our loss is his gain; therefore be it resolved:

First—That we in memory of the deceased, ever note with praise, the untiring zeal with which he labored, in order that he might better prepare himself for his chosen profession.

Second—That we extend to his bereaved ones our heartfelt sympathies in this, their great sorrow, for in him they have lost a worthy and affectionate son, a kind and loving brother.

Third—That a copy of these resolutions be forwarded to his grief stricken relatives, and further that they also be published in the Eclectic Medical Journal. [Signed]

W. W. WIMER,
C. C. HOUSMYER,

H. C. HART,
H. O. KINGSLEY,
R. D. DOUGHTY.

Dr. Chas. S. Davis, E. M. I. '90, has just returned from a six month's trip to Europe, where he attended clinics at the various hospitals. For the present he is at White Heath, Ills.

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All Oklahoma Eclectics will please at once put themselves in correspondence with Dr. E. G. Sharp, Orlando Okla., or Dr. G. N. White, Coyler Okla., preparatory to a call for organization of the Eclectics of Oklahoma. It is earnestly urged that every Oklahoma Eclectic interest himself in this matter.

VACCINE VIRUS.—Parke, Davis & Co. have assured us that in none of the recent fatal cases following vaccination at Camden, Atlantic City, Bristol, Brooklyn or Cleveland, had their vaccine virus been employed. They do not wish to incriminate vaccine made by any other manufacturers, but simply want to assure our readers that none of their vaccine was used in any of these fatal cases.

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VAN B. THORNTON, M. D., Hempstead, Texas.

Thomas. G. Rainey, M. D., resident phytisian, British Medical Institute, Atlanta, Ga., in a recent article states, that the comparatively new combination of drugs, antikamnia and heroin tablets, which has been so largely used for the control of cough, is also being successfully employed, to a large extent, in the treatment of nearly all affections of the respiratory tract, which are accompanied by dyspnoea and spasm, namely : Asthma, Bronchitis, Laryngitis, Pneumonia, Phthisis, Whooping Cough, Hay Fever, La Grippe, etc.

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VOL. LXII.

CINCINNATI, FEBRUARY, 1902.

No. 2.

ORIGINAL COMMUNICATIONS.

AUTO-INFECTIO.

By John Fearn, M. D., Oakland, Cal.

THE name which stands at the head of this paper is comparatively new in medical nomenclature, but we think it has come to stay. Very much has been written on this subject for some time in current medical literature. But a good deal that has been written does not help to a proper understanding of the term, and is far from being practical. The prefix *auto* means self, and in accordance with this meaning attached to the prefix, a good authority says the meaning of the word auto-infection is self-infection of an organism by a ferment or poison generated within itself.

With this simple explanation a flood of light is thrown upon the *why* or *cause* of much of the disease and suffering we see around us. And it seems to us that the every day aim and task of every good physician should be to search out causes of self-infection, and by a wise application of means to destroy them. The causes of self-infection are not few but many. There is not a tissue or organ in the body; there is not a particle of this great investing membrane, the skin, but what may be the seat and active source of self-infection. And I propose in this paper to elucidate this subject, and tell of my manner of dealing with self-infection, by giving cases from my own experience.

The old adage says, "*Experience makes fools wise,*" and how true it is that we must all learn the hard lessons either by our own experience or that of others. The first case that I will call attention to was that of a friend, a medical man, well advanced in years. He was a close observer, a man who had a high reputation as a microscopist and physiologist. For years he had suffered with bronchial and car-

diac troubles which eventuated at last in the most copious expectoration. One day I said to the doctor, What about your temperature? He replied, It runs up from one to two degrees every afternoon. The closest scrutiny failed to discover any signs of malarial poisoning. I was anxious to get his opinion as to the cause of the daily rise of temperature; and in reply to my question, he said, I believe it is caused by the absorption of devitalized tissues in the bronchial tract. I could fully concur with this opinion. It was in my judgment a true case of auto-infection. While expectoration was easy and free he was comparatively comfortable; but when through irritation excretion was interfered with, he became worse.

Such cases are not rare, but can be called up by every close observer in medicine. Spitting is not an unmitigated evil, if it is done properly and the expectorated matter be promptly destroyed. I believe many a patient with phthisis pulmonalis, by swallowing the poison from diseased lungs, has set up the disease in the bowels. But if we come to the conclusion that there are sources of infection in the lungs, can we reach and remedy these poison spots? I hesitate not to say, that in parties of suitable age, and when the work of destruction has not gone too far, we can reach and help these cases; and the help will come from medicated sprays, inhalations, proper respiratory exercise, tonics and stimulants, and the best of food, rest, and as far as possible hygienic surroundings.

Suppose we now leave the chest and look to the stomach—that great center of sympathies—that organ which, according to its condition, makes a man cheerful or sad, happy or morose. Is the stomach ever the center of auto-infection? I answer, without doubt it often is. I do not here allude to those cases where we have ulceration or malignant disease of the stomach. But to cases of ordinary foulness, where perhaps through errors of diet, eating too much, failing to masticate food properly, the mucous membrane and peptic glands can not do their work; and yet under a mistaken notion that they must eat to keep up strength, food is taken when fasting would be better. I need not give you a special case, we have all seen them, and we have no trouble to call up the picture. Sour and offensive eructations, dirty skin, heavy eyes, pain in the head, and nausea. If you get a whiff of the patient's breath, the odor is not of Arabia the blest, and you feel as though somewhere in the patient's internal arrangements there ought to have been a funeral, but the business has been deferred. Can there be auto-infection from such a condition? I hesitate not to say there is such a result in every such case.

And now how shall we proceed? Shall we use antiseptics, microbicides, or even neutralizing cordial in these cases? I answer no; there should be no temporizing with this fermenting and poisonous mass in the stomach; but out with it. You need not use the stomach tube; you can do quicker work without it, and without waiting for the action of emetics. Fill the stomach with warm water, with perhaps

a little salt, then encourage emesis ; fill up and empty several times in succession, and what a change results. It is true at times the secretions become so vitiated that simple lavage with water will not be sufficient. In the old days in these cases we used decoctions of myrica cerifera ; to-day many prefer dilute peroxide hydrogen, or hydrozone. Such treatment followed by sp. nux vom. and care in diet, effectually settles these cases.

Now let us go still lower, to the bowels, and what physician doubts the fact that in a large percentage of our population, self-poisoning from the bowels is taking place every day ? Take the case of poisoning from the absorption of metallic substances. Close observers tell us that lead, mercury, copper, etc., are eliminated with the bile, and discharged into the intestines, and if they are not carried out in the alvine discharges, they are again absorbed, and so we have self-poisoning going on indefinitely. Thus we see it is not sufficient that the poison be eliminated from the blood, but for the patient's welfare it must be swept from the intestinal tract. In a very important sense the intestines act as a sewer for the body, and there are times when the welfare of the patient demands that the sewer be flushed, and that the fermenting mass, with its deadly poisons, be carried out of the system.

In examining a patient, either in acute or chronic disease, if I find tumid abdomen, borborygmus, constipation followed by diarrhea, coated tongue, bad taste in mouth, and sallow complexion, I think in such a case I have found good evidence that I have a case of auto-infection from the intestinal tract ; and I do not temporize in such cases with laxative medicines ; by thorough flushing of the bowels I cleanse them out, then by the use of proper remedies restore glandular secretions, nature's reliable antiseptics, and thus keep the bowels sweet and so far as possible aseptic ; then the whole train of morbid phenomena above noticed passes away. I say nothing against using bowel antiseptics, but I want every time to give nature the right of way. I may seem to be putting it too strong, but I assert from years of experience that this is the only rational method of practicing medicine. I said many years ago that typhoid fever could be aborted by this method, and I was laughed at, but I have been aborting typhoid all these years. The theory very largely prevails now that it can be done, but once in a while I meet with a doctor who says typhoid fever can not be aborted. It can not, I grant, in the old way.

Over twenty years ago, in a large eastern hospital, I saw a typhoid clinic day after day. The man was very sick ; a large portion of the time his medication consisted of one drop of carbolic acid in mint jujip and repeated about every four hours. The learned physician expatiated finely on the pathology and etiology of the case ; he did not believe in the abortive theory, and the patient died ; what else could you expect ?

This morning I was called to see a man who is very sick from age and chronic disease—fast losing his hold on life. His new trouble was a serious bowel trouble. Frequent discharges of a mushy nature, odor very bad, discharges very irritating; as soon as the feces get low in the bowels they give rise to such suffering that movement must take place at once. The case was serious. Shall we check the discharge? No. There was poison enough there to kill a strong man. Treatment—flush the bowel; medicine, bismuth as a sedative and sweetener to the intestinal tract, and a very little anodyne; careful diet. Result: I have just returned from making an evening call; he is comfortable; all the symptoms changed for the better.

But we still go lower. In California we have many cases of auto-infection from bladder trouble, and doubtless it is much the same in other States. From stricture of the urethra, from prostatic troubles, from atony or partial paralysis of the detrusor muscles, men are not able to fully empty the bladder; there is always a residuum of urine left in the bladder, and without the catheter or washing out, the bladder can not be kept sweet.

I will give here my experience with a case some time ago. A good many years ago the man had a stricture in the fore part of the urethra. This gave him much trouble. I treated the stricture with electrolysis, "Newman's sound." He got on well, and for some years had fair health. After this he began to find it necessary to strain considerably in urinating. Being his family physician I had a good opportunity to watch him. A careful examination revealed a constriction of the passage, far back in the urethra, which extended into the prostatic portion. I advised him it would be necessary to operate, and I should advise the knife as the best method. Having a family he felt he could not give up his work. He put off the operation a good while, his general health becoming poorer all the time. His urine passed very slowly; a good deal of the time there was a sediment in it, and at times a whitish discharge just as he was finishing urinating. Through all this time he would have acute attacks of suffering that he called *malaria*. The only thing that favored the theory was periodicity. By sweetening the urinary tract and giving tonics, I could always relieve him, but the trouble in a short time returned. Still believing in the malarial theory, he moved to a beautiful location in the suburbs, but it was in vain, the man was fast becoming a chronic invalid. What was the trouble? It was not malaria, but auto-infection in the urinary tract, and I proposed to cure him by a surgical operation. He still procrastinated, until early one morning he presented himself a very sick looking man. He could not pass a drop of urine. I failed to pass the catheter, so did two other doctors. I sent him home with sp. gelsemium, ordering him to take two drops every half hour, to sit in a very hot hip bath, and I would call on him, which I did in about three hours, when I found him passing a little urine. I kept him on the medicine, and in a few days he submitted to opera-

tion. A sound was introduced as far as it would go, but even under chloroform that stricture was impermeable. The perineal structures were severed down to the point of the sound; the point of a small grooved director was inserted, and the whole length of the stricture was laid open, the bladder well flushed, the different layers were stitched over the sound, and leaving a large catheter in the bladder, the patient was put to bed; healing rapidly took place. That was in July, 1899. Since that time he has had very little use for medicine; his health is good, his so-called malaria gone. This was clearly a case of auto-infection, and such cases are not rare.

But this article is already too long, or I could multiply experiences on these lines. Who has not seen health impaired and life made miserable from diseased uterus, tubes, or ovaries, and when the proper attention has been given, either medical or surgical, or most generally both, the patient has a new lease of life and comfort?

These are the days when up-to-date physicians are on the look-out for disease germs in the air, in clothing, in the food we eat, in the water we drink, in the sewers. Let us not fail, while looking for infection without, to look for it in this body so fearfully and wonderfully made, and having found it, let us try by all means to make an end of it.

CHOLELITHIASIS—CALCULUS IN THE COMMON DUCT.

By Prof. E. J. Farnum, M. D., Chicago.

GALL-STONES are no doubt due largely to a wrong way of living; a sedentary life in men and tight lacing in women are among the factors which interfere with the healthy action of the liver. The circulation becomes sluggish, the blood is deteriorated, and bile of good quality can not be produced. The resistance to atmospheric changes is below par, the patient takes cold easily, and catarrh of the biliary passage is set up.

A micro-organism forms a nidus in the gall-bladder, and serves as a nucleus for the formation of a gall-stone. For a long time there are no symptoms, only the patient is not quite himself—not quite well; but no exact diagnosis can be made out, and the treatment is neglected. The following case will serve as an illustration.

Mrs. M., age 40, came to me for treatment about four years ago. She had raised rather a large family, and her health had broken down. She had been more or less ill for several years, and the doctors did not seem to have a very clear idea as to the nature of her ailment, for their treatment did her no good.

When I was called to the case she complained of excruciating pain in the region of the gall-bladder, her skin was jaundiced, her body was emaciated, and she was so weak as to be confined to her bed. There was tenderness on pressure over the liver, and the pain extended toward the left side. Her tongue was covered with a whitish fur, and

was thick and indented by the molar teeth. Her bowels were not constipated, but she had little appetite and sometimes vomited her food.

While there was no positive proof in this case of the presence of gall stones, none having been reported as passed with the feces, the symptoms pointed to that disease. No tumor could be felt, but the excruciating pain in the region of the gall bladder and the ducts, the persistent jaundice, the emaciation, the debility and disordered digestion, made the diagnosis of gall-stones unmistakable.

The gall-stone had passed out of the gall-bladder, and had lodged in the common duct, causing jaundice and congestion of the liver.

Such a case is of common occurrence, and the problem what do with it is a grave one. Shall we wait for nature to force the gall-stone into the duodenum by inflammatory action within the duct, or shall we cut down upon the stone and remove it?

The following case, reported by Vanderveer, shows how a little surgical skill, and the usual medical treatment, avails in the most formidable affection. These cases are so grave that the surgeon may well hesitate to perform an operation, and seek other treatment.

CASE.—Gall-stone impacted in the common duct (*Vanderveer, Med. Record*, 1901, p. 654), male, age 53, married, plumber, habits good, never seriously ill. Five years ago he was attacked with severe pain in right side, under free border of ribs, extending over region of stomach. At times much jaundiced. Pain occasionally very severe. Doctors did him no good.

When seen he was weak and emaciated, with little appetite, no thirst, constipated; stools light colored for past year; urine scanty, very dark, contained bile, no sugar; intense itching over the body, slight ecchymotic spots; can not sleep, much depressed.

Examination.—No tumor can be made out, liver contracted. Tonic treatment to prepare for operation.

Operation.—Usual incision for cholecystotomy. Gall-bladder found completely contracted, surrounded by adhesions, and held under border of liver. In the common duct was found a calculus two inches long and one inch in circumference. Was obliged to make an incision over the stone the length of the duct to remove it. A teaspoonful of glairy, bile-stained secretion escaped on incision, which was received on a sponge previously placed in the wound. The calculus was carefully removed. Introducing the sutures was extremely difficult, and prolonged the operation. A first row, continuous, was introduced just within the serous coat of the duct, and brought just within the mucous coat, but not involving it. The second series, Lenebert, brought the serous coat into accurate apposition. Owing to adhesions, suturing the wound was very difficult. The operation was tedious, and there was doubt of complete union. A glass tube was introduced, and packed about with iodoform gauze.

There was a slight escape of bile the first day, none afterwards. Patient died on the fourth day of heart failure. The operation was successful, and the symptoms from gall-stones rapidly subsided.

Here was a case skillfully managed. What to do in a case of this kind is a question which may well give us pause.

The Eclectic body of physicians deserve credit at least for the good results derived from medical treatment in this affection. When I refer to medical treatment I mean treatment by remedies as distinguished from operative treatment for the removal of gall stones as a means of cure. The treatment for the paroxysmal attacks of pain seems to me to be too simple to consider in this paper.

I recall plainly the case of Mrs. M., reported above, who suffered from repeated attacks of gall-stone colic, the symptoms indicating impaction of the common duct, which had existed for a considerable time, and which I cured completely with powdered hydrastis. This is only one example of numerous cases that I have cured in the last ten years. On the other hand, I have operated on a number of cases where gall-stones were impacted in the cystic duct and in the gall-bladder, where medical treatment failed to effect a cure.

The cases that I regard as suitable for medical treatment are as follows: 1. Ordinary cases of cholelithiasis where the symptoms are transient and not severe. 2. Acute inflammatory cases, usually attended with fever, and catarrhal conditions of the gall-ducts. 3. Cases that are ordinarily called biliary colic. I believe that a very large percentage of cases of gall-stones, and the affection is a common one, will fall under one or the other of these classes.

The cases that demand surgical treatment are those where the stones are impacted in the gall-bladder or ducts. If the stone is impacted in the cystic duct there will be no jaundice; while if in the common duct, jaundice and liver symptoms will be present. If the stools are persistently clay-colored, it shows that there is complete obstruction of the common duct. If more or less bile is thrown into the intestine while the jaundice does not completely disappear, it is evidence that a calculus is lodged in the duct, but does not completely obstruct it. Where a stone is impacted for some time in the common duct, we have a group of symptoms which add greatly to the gravity of the case. The blood becomes so deteriorated on account of the jaundice that it will not coagulate in the usual time, which increases the danger from hemorrhage during an operation. The patient from the same cause becomes greatly emaciated; there is great prostration of the vital power, so that heart failure is likely to follow a surgical operation, especially on the common duct.

There are some suggestions which have recently been made which are of value in the management of such cases.

In the International Journal of Surgery for October, 1901, p. 299, is a case of gall-stone impacted in the common duct, reported by Dr. J. W. Kime, of Fort Dodge, Iowa. He was assisted in the treatment

of the case by Dr. Christian Fenger, and Dr. J. B. Murphy, of Chicago. The gall-bladder was incised and stitched to the skin. On passing a probe into the common duct a gall-stone was detected, which gave a distinct click on contact with the probe, showing its hardness. Believing that the stone would pass out, either by way of the wound or into the duodenum, the wound was kept open for three months. When the wound was allowed to close the patient suffered intensely, and it had to be opened again. More than a year afterwards, Dr. Fenger removed the stone from the common duct.

The patient died on the second day after the operation from anuria. There was some evidence of kidney disease during life, and the kidneys showed cloudy swelling post mortem.

On examination the stone was found softened, and it was the belief of the surgeons that had more time been allowed, it would have disintegrated and passed into the duodenum.

In this case it was the opinion of the surgeon in charge of the case, that the fact of opening the gall-bladder and allowing the bile to drain off, not temporarily but for several months, so improved the condition of the liver and the quality of the bile, that the calculus tended to soften, and in time would have disintegrated and passed out.

Hydrastis has long been known as an efficient remedy in catarrhal jaundice, where there is no pain to indicate the presence of gall stones in the biliary passages. It is well known to be a remedy for catarrhal lesions of the mucous membranes wherever situated, whether acute or chronic. It has been long in use by Eclectic physicians to restore the digestion, and improve the character of the bile. The late Dr. I. J. M. Goss claimed, and we have no more competent authority, that hydrastis possesses catalytic power, while it aids digestion and the formation of new tissue.

While we are not able to show why the gall-stone in the case reported became soft, which was hard when the gall bladder was opened, and became so soft after several months that only a small central portion remained hard when it was removed, it does not seem unreasonable to assume that the bile accomplished this result. We know that no gall-stones form in health, with the bile in normal condition. May we not assume that improvement in the action of the liver, brought about by drainage and the consequent approach of the bile to a normal condition, was the true cause of the softening of the gall-stone?

In the case successfully treated with hydrastis, there is no other explanation that can be given than that the remedy restored the liver and mucous membrane of the gall-duct to a healthy state. A good quality of bile was secreted, which gradually softened the stone, and admitted of its removal.

Taking the action of hydrastis as a curative agent in choellithiasis, with the beneficial results which were seen to follow in the case reported by Dr. Kime, where the bile was allowed to drain away for several months, we may reasonably assume that a combined treatment

would give better results than either alone. In these formidable cases of impaction of the common duct, on account of the low vitality of the patient at the time, death is apt to follow an operation, and on account of extensive adhesions the operation is made especially difficult and hazardous.

The case reported (Vandeveer) may be taken as a type of those demanding an operation, where the skill of the surgeon avails nothing, and where preparatory tonic treatment avails nothing. Vandeveer's case died of heart failure, Fonger's of anuria; both conditions brought about by the persistent jaundice.

In the case reported by Vanderveer the operation was very tedious, on account of the adhesions, the depth of the dissection, and the difficulty of suturing; and these factors reduced the chances of recovery.

It is clear, then, that the operation should be performed early, before circumscribed peritonitis and functional changes of the liver have increased the difficulty and hazard of the operation.

In other cases it is sometimes found best to perform two operations at intervals from one another in order that the patient may have a better chance of recovery. In these cases of stone in the common duct a like practice is suggested. Let the gall-bladder be opened first and drainage established, and after a year, or even longer if it should be found necessary, a second operation could be more safely performed for the removal of the stone. This practice would give the patient a chance to recuperate, and vastly increase his chances of ultimate recovery.

It has been demonstrated that no untoward results follow drainage of the gall-bladder, the bile being discharged through a drainage tube or into the dressings, and consequently no part of it entering the intestine. This may be continued many months.

After cholecystotomy and drainage, with hydрастис as a medicine internally and possibly locally, the patient having recovered strength and the blood having improved, choledochotomy may be more safely performed; and if it proves difficult to suture a drainage tube may be introduced, packed around with gauze, and the wound allowed to heal like a wound in the urethra after perineal section.

The prognosis is grave in these cases, but treatment carried out as here outlined will greatly multiply the chances of ultimate recovery.

In operating for the removal of an impacted stone from the common duct, dexterity, which only comes from practice, is necessary. Cholecystotomy is a simple operation compared with choledochotomy. There is the danger of wounding important structures, the liability to hemorrhage, the depth of the dissection, and the difficulty of suture. The incision must be a long one, and the light good. The gall-bladder, if distended, should be emptied by aspiration, the wound packed all around with gauze to keep back the colon, stomach and duodenum, as well as to absorb escaping bile. When the anatomy is normal, the duct will be found by pushing the duodenum to the

left, after incising the reflexion of the peritoneum at its right border. It lies in the bridge over the foramen of Winslow, running into the loose tissue behind the duodenum in close relation with the portal vein, the hepatic artery, and the ascending vena cava. The duct is exposed by blunt dissection, the impacted stone being the guide. The duct will be known by its whitish color, and is a thin layer of firm tissue. On account of the danger of wounding the portal vein, the duct should be isolated from adjoining structures, if possible, before incising it. The duct opened, the stone is carefully removed by the fingers, forceps, or scoop. In suturing, the edges of the ducts are allowed to fold on themselves as the sutures are introduced, the outer wall of the duct being in apposition along the line of the incision. A gauze wick is inserted and left in contact with the incision for drainage.

INFLUENZA.

By Rolla L. Thomas, M. D., Cincinnati.

SYNONYMS.—Epidemic catarrhal fever, la grippe.
DEFINITION.—An acute infectious disease, the contagiousness of which is questionable, protean in character, but affecting more constantly the respiratory apparatus and nervous system; attended by great prostration, and occurring epidemically and pandemically. Following a general epidemic, for one, two, or three years it occurs sporadically.

HISTORY.—While it is very likely that this disease existed for ages, and that the epidemic that raged among the Greek soldiers at the siege of Syracuse 395 B. C. was influenza, and the epidemics of 827, 876, 888, 927, 996, were of the same character, the authentic historical accounts date, according to Hirsh, to an epidemic which prevailed in Italy, Germany, and England, during the month of December, 1173. Even this and the epidemics of 1293, 1323, and 1387, are considered unreliable by most medical writers, who date the first reliable account to the epidemic, or rather pandemic, of 1510, which visited Spain, Italy, Hungary, Germany, France and England. Since this historic date the disease, at intervals of a few years, has swept over countries with a rapidity unknown to any other affection. Since 1655 repeated epidemics have occurred in our own country, the last—1889-'90—being the greatest or most universal pandemic that ever swept the earth. Beginning in Bokhara, in south-western Russia, it crossed the great Russian empire, spread over Germany, invaded England and France, and in less than six months had made the circuit of the globe. Its force is irresistible, and spares neither age, sex or condition. The millionaire and the pauper stand helpless before this nemesis. Fortunately, unless severe complications arise, or the treatment be too heroic, the mortality is small.

Etiology.—How much meteorological conditions figure as a causal agent, we are unable to state; and while damp, cold, foggy weather may present conditions that are favorable to the generation and propagation of the poison, they are not likely to produce the primary toxin.

In 1892, Pfeiffer, at the Hygienic Institute of Berlin, discovered in the sputum of influenza patients a bacillus which was characteristic, and which he separated and cultivated—a culture of which injected into rabbits gives rise to influenza. Kitasato and others confirm the discovery, and claim that this specific germ is not found in any other disease; and those who believe in the microbial theory attribute the bacillus of Pfeiffer as the causal agent. The method of entrance into the system is most likely by way of the respiratory apparatus; the rapidity with which it travels and the great number attacked irrespective of contact with each other warranting this position.

The epidemic scourge usually lasts from five to seven weeks. One attack does not immune a person, and a second and third attack are common. The exhaustion renders the system susceptible to the influence of any and every ptomain, and the sequelæ of "grip" are legion.

Pathology.—There are no characteristic anatomical lesions in a case of uncomplicated influenza. Where the disease has continued for some time, the mucous membrane of the air passages will be found congested and bathed with a catarrhal secretion. The gastro-intestinal tract will be similarly affected. Where death results it is generally the result of some complication. Pneumonia is the most frequent and fatal, and may be either lobular or lobar, accompanied by the usual characteristics. Plastic pleurisy is often associated with the pneumonia, though it may exist independently; in either case a seropurulent exudate will be found. Pericarditis with a like exudate is not uncommon. Nephritis complicates a certain per cent. and there is no doubt meningitis follows the same nervous types of the disease. In each of these the anastomose changes peculiar to the disease take place.

Symptoms.—During an epidemic we meet with every grade of the disease. Many will be so mild that the patient does not take his bed, and only complains of a *bad cold*, while others are of a very grave character. Again the complications seem to supersede the basal lesion, hence the symptoms in their entirety are legion. In order to better describe the various phenomena, we will divide the disease into the three types that usually are well defined: the respiratory, the gastro-intestinal, and the nervous.

Respiratory.—The period of incubation is very short, not more than two or three days, and sometimes this period is not noticeable. The invasion is sudden, the patient being seized with a chill of a pronounced type, followed by febrile re-action of varying intensity. There is some headache, and the face is flushed and hot; the prostration is marked, and the pain in back and limbs is intense. In fact,

the patient aches all over. The temperature ranges from 103° to 105°; the secretions are all arrested, the skin being hot and dry, the urine scanty, and constipation marked. The catarrhal symptoms are characteristic, the eyes are suffused, the nasal passages are congested; the pharynx is involved, and soreness of the throat is an early complaint, which upon inspection reveals a red, dry, and swollen condition. There is constriction of the chest; a hard, dry, bronchial cough early develops. The respiration is dry and hurried; there is general irritability, and sleep is disturbed or absent. Within forty-eight hours expectoration begins, at first scanty, the mucus being glairy and tenacious and raised with difficulty; as the disease progresses this becomes more profuse, is removed with less effort, the cough is easier, and the paroxysms occur at longer intervals. With the increased secretion of mucus the fever subsides, all the symptoms are mitigated, and the patient enters the convalescent stage from the fifth to the eighth day.

In the more severe cases a severe catarrhal bronchitis develops, with the usual attendant symptoms. One of the most frequent and severe complications of this type is pneumonia. The cough is short and hacking, the respiration labored and oppressed, and the patient presents an anxious appearance. If the pleura be also involved, a sharp lancinating pain accompanies the cough. The sputum assumes the characteristic rusty form, the crepitant and subcrepitant rales develop, there is dullness on percussion, the dusky hue of the face speaks of imperfect aeration of the blood, and the patient requires to be propped up in bed to assist the respiratory muscles in filling the lungs. With symptoms so pronounced the case cannot be mistaken.

Heart failure may occur in this type, though very rare unless depressants like the coal-tar products have been used.

Gastro-Intestinal.—In some the stomach and bowels appear to receive the force of the infection, there being nausea and vomiting, together with diarrhea. This type was noticed quite frequently in 1897. The diarrhea was dysenteric in character, there being a great deal of tenesmus and pain. With this type the catarrhal symptoms are slight and might be overlooked. Children are more affected with this form than adults.

Nervous.—This type is especially severe in persons of nervous and excitable temperaments. The headache is intense, the patient is restless and irritable, the eyes bright and contracted, and delirium often present. The fever is acute, the temperature being 104 or 105°. In the severer forms a meningitis develops, with the usual attendant symptoms. In all these forms the fever is remittent in character.

Sequelæ.—There are few if any diseases that leave so large a train of chronic lesions in its path, the most prominent being chronic bronchitis, laryngitis, and phthisis, while asthma has more rarely followed. An enfeebled action of the heart persists for a long time, and angina pectoris occasionally follows. Chronic catarrhal diarrhea is one of the results, while nephritis and cystitis occur sufficiently often

to render the victim most miserable. The most painful sequelæ, however, are of the nervous system. Migraine of a severe and intractable character, neuralgia of various parts, insomnia that renders the patient's life a burden, and makes him grow thin and cross and irritable; melancholy, that dread affection that robs life of its pleasure, yet makes its possessor dread to lay it down, and lastly mania, which is worse than death—these are a few of the many results that follow influenza.

DIAGNOSIS.—The diagnosis is easily made. The sudden invasion, the catarrhal symptoms, the hard, dry cough, the intense pain in the head and back and general aching of body, the marked prostration, are characteristic, and can hardly be mistaken.

PROGNOSIS.—The prognosis is usually favorable, though complications, like pneumonia, pericarditis, and nephritis, would make the prognosis problematical, as it would be in delicate children and the very aged.

TREATMENT.—Our school has been successful to a remarkable degree in the treatment of this many-sided disease, the secret being found in the fact that the treatment has not been routine, but each phase of the disease has been met by remedies directed to control certain conditions, rather than in treating it as a whole. Specific remedies for specific conditions have surely been most successful.

If we keep in mind the one important fact, that "grip" is depressing and rapidly exhausts vitality, it will save us from serious mistakes. First, we insist most emphatically that the patient take his bed early and remain there till the fever has disappeared. Secondly, to avoid depressants as we would a pestilence. A depressing treatment added to a depressing disease has been responsible for many deaths that have been attributed to grave complications. With the exception of a single dose of phenacetin or antikamnia in the beginning, we discard the use of all coal tar products.

Pain.—Pain is the unpleasant feature of any disease, and of this in particular; and our first duty is to give relief if it can be done without harm to the patient. Opiates do not act kindly with the dry skin and high fever, so we give, if the heart's action is good, a three-grain dose of phenacetine or five-grain dose of antikamnia with our first dose of sedative. We do not give it for its antihypnotic effect, but simply as an analgesic. My custom, where the pain is great, is to drop a powder in the first teaspoonful of medicine administered, which, in fifteen or twenty minutes, greatly reduces the head and backache, and the sedative mixture holds what the powder has accomplished. This is the extent of my use of these products in the treatment of grip. If given in capsule, one grain of quinine may be added to overcome the slight depressing effect it may have.

Aconite.—As a sedative for the fever, where the pulse is small and the depression marked, the small dose of sp. aconite will be found useful: five drops to half a glass of water, teaspoonful every hour.

To this may be added gelsemium for the nervous irritation—ten to twenty drops to half a glass of water.

Veratrum.—If the pulse is strong, veratrum is the better remedy. To this may be added gelsemium for the irritability.

Bryonia.—If the cough be a marked feature, and there is soreness and pain in the chest, especially sharp pain, bryonia can not be excelled; ten drops to half glass of water, teaspoonful every hour.

Macrotys.—For the neuralgic pains macrotys gtt. xxx, gelsemium gtt. xv, water 3iv; teaspoonful every hour.

Rhus.—If there is irritation of the cerebro-spinal centers, the patient sleepless and restless, five drops to four ounces of water will be the remedy.

Belladonna.—For the dry, red throat, belladonna gtt. x, water 3iv, will be found useful.

Phytolacca.—Where there is glandular swelling we substitute phytolacca for the belladonna.

Ipecac.—Where the intestinal lesion is marked aconite and ipecac will often give relief; sp. ipecac gtt. x to half glass of water being the mixture used. If there is tenesmus and pain, and the tongue is moist and pasty, subgalate of bismuth in five grain doses may be used, or sulphocarbolate zinc. When complications arise they must be met with appropriate remedies, studying each phase carefully.

The diet should be milk in some form or nourishing broth; malted milk, either as a drink or made into a broth, is very good. The convalescent period must be managed with discretion. The patient must not be exposed to sudden changes of temperature till he has in a measure recovered from the exhaustion incident to the disease; nor should he overtax his strength in his weakened condition. If care be exercised at this time, the unpleasant and dangerous sequelæ will not follow.

ELECTRO-THERAPEUTICS.

By J. R. Spencer, M. D., Cincinnati, O.

[Continued from page 36.]

STATICAL ELECTRICITY.—This form of electricity is also known as Franklinic and frictional electricity. It has been defined as electricity in a state of rest, in contradistinction from dynamical or current electricity. This form of electricity is generated by friction, cleavage, or pressure. When glass is rubbed with silk it acquires the property of attracting any light substance, such as chaff, dust, small pieces of paper or pith balls. When sealing wax is rubbed with flannel it also acquires this same attracting power. This phenomenon is explained by the existence of a force generated by friction; in the first instance between the glass and the silk, and in the second instance between the wax and the flannel. This force was first discovered (600 B. C.) by Thales of Miletus, one of the sages of Greece,

when he rubbed amber. It was then supposed to be an exclusive property of amber, and was named electricity, from the Greek word meaning amber.

There are a number of substances which acquire this attracting power when subjected to friction, but amber and jet were the only two in which its existence was recognized by the ancients until as late a date as the time of Queen Elizabeth. When experimentation is being made with a rubbed glass rod and light pith balls, it will be seen that the pith balls at first are attracted by the electricity which had been generated upon the glass by friction with the silk, and after a short contact they are repelled, and fly away from the glass. They had become charged with the electricity upon the glass rod. When sealing wax rubbed with flannel is brought near pith balls, they are at first attracted to the sealing wax by the electricity which had been generated upon the sealing wax by friction with the flannel, and after a short contact they are repelled also. They had become charged with the electricity upon the sealing wax.

If the pith balls which were charged by the electricity upon the glass rod and were repelled by it were brought near a bar of sealing wax after it had been rubbed with a flannel, they would be attracted by the electricity found on the sealing wax. Further, if the pith balls that had been charged by the electricity found on the rubbed sealing wax and repelled by it, were brought near to a glass rod that had been rubbed with silk, they would be attracted by the electricity found on the glass rod. Then an electrified glass rod will attract pith balls uncharged, and also those that have been charged by the electricity found on the rubbed sealing wax, and a bar of electrified sealing wax will attract uncharged pith balls, and pith balls which have been charged by the electricity found on a rubbed glass rod.

These facts can not be explained upon any other ground than that by these experimentations two different kinds of electricity have been generated, and that bodies charged with the same kind repel each other, but will attract bodies charged with the opposite kind.

In speaking of the attraction and repulsion that exists between electrified bodies just described, DuFay makes the statement that this is more apparent than real, and that these relations are brought about by a stress or tension that exists in the medium or intervening space between these bodies.

The electricity produced on glass by rubbing it with silk was called *vitreous* electricity, and the electricity produced upon sealing wax and other resinous substances by rubbing them with flannel or wool was called *resinous* electricity by the early students on this subject. This was an error, as the kind of electricity produced will depend not only on the thing rubbed, but on the rubber that is used. For instance, glass will yield resinous electricity when rubbed with cat's fur, and resin will yield vitreous electricity when rubbed with a soft amalgam of tin and mercury spread on leather. For this reason those names

have been abandoned in favor of the more appropriate terms suggested by Franklin who called the electricity excited on glass by rubbing it with silk, *positive* electricity, and that produced on resinous bodies when rubbed by wool or fur, *negative* electricity.

Positive electricity is written with the + sign, and negative electricity is written with the — sign. Neither kind of electricity is produced alone; when one kind is produced at any time and by any process, an equal quantity of its opposite is produced at the same time and by the same process; one kind appears upon the thing rubbed, and the other upon the rubber.

This form of electricity can also be generated by cleavage and pressure. If a plate of mica be cleaved, the two plates which are separated will show both positive and negative electricity. If the separation takes place in the dark, a faint light can be seen which is indicative of its presence. If a piece of loaf sugar be broken in the dark the light that is seen indicates the electricity which was generated by the cleavage. Pressure under favorable circumstances will also produce electricity.

In 1729, Stephen Gray discovered electric conduction. The experimentation was made with a wire 700 feet in length, connected with a glass tube; the wire was suspended by silk cords. When the glass tube was rubbed the other end became electrified and would attract light bodies; if the wire was suspended by wire loops instead of silk cords, the electricity was conducted away from the long wire by these wire loops, and no attracting power would be found at its further end. Further investigation along this line has shown that all bodies are electrically divided into three classes, viz: conductors, semi-conductors, and non-conductors. This division of bodies will depend upon their ability to conduct electricity away from the place of generation.

Conductors include such substances as water, saline solutions, the earth, metals, stones, structures of plants and animals, with some others. Semi-conductors include ether, alcohol, dry wood, marble, paper, straw, and some other substances. Under the division of non-conductors are found glass, sealing wax, porcelain, resins, sulphur, wax, dry metallic oxides, fatty oils, phosphorus, gutta percha, collodion, wool, dry hair, silk, shellac, ebonite, amber, and many others.

Metals lose their conducting power when heated, but heat increases the conductability of most substances. Certain substances, such as wool, hair, the atmosphere, in a dry state, are non-conductors, but when thoroughly moistened, they become good conductors.

A conductor is said to be insulated when it is placed on some substance which prevents the electricity communicated to it from passing off to the ground. That substance on which or in which the conductor is placed is called an insulator. Glass is one of the best insulators because of its non-conducting power, and is extensively used in constructing electrical apparatus. Ebonite, a preparation of vulcanized India rubber, has lately grown into extensive use; many regard it as

a superior insulator to glass. There is no perfect insulation possible, for the reason (1) that the best insulators when moist become semi-conductors ; (2) the atmosphere in a moist state will carry off electricity from any electrified body, to a slight extent.

There are two ways by which electricity can be transferred from an electrified body to another body that is not electrified : (1) by conduction, which has just been described ; (2) by induction, which has been explained in a previous article in this series.

This form of electricity also has electric lines of force going out from, and electric fields surrounding bodies charged with it, which act in the same manner that magnetic lines of force and magnetic fields, found in connection with magnets, act. The insulation of a conductor does not prevent this action.

By comparing conduction with induction two conditions are observed : (1) By conduction the first body loses a part of its electricity to the second body ; by induction the first body loses none of its electricity to the second body ; the second body simply gets its electricity by coming in contact with the lines of force going out from the first body. (2) By conduction the same kind of electricity is carried to the second body ; by induction the opposite kind of electricity is transferred to the second body.

Electricity does not penetrate the interior of any metallic conductor, but diffuses itself over the external surface. It is evident that the greater the surface over which electricity is diffused the less intensity it will have at any given point. The quantity of electricity found at any moment on a conductor is called its electric density or thickness. Electricity has a tendency to accumulate at points. On a sphere the density is uniform ; the further removed any body is from a sphere the more irregular will be its distribution. On account of this tendency of electricity to accumulate at points, in electro-therapeutic work the broad electrode will be less painful ; but when it is desirable to confine the application of electricity to a limited area, a pointed electrode should be used.

Larger supplies of electricity are needed for electro-therapeutical work than can be obtained by rubbing glass with silk, or resin with flannel, so electric machines have been devised. Experience has shown that the quantity of electricity generated will depend upon the extent of the surface rubbed and the nature of the substance used as a rubber. The earliest form of electric machines consisted of a globe of sulphur made to rotate upon a spindle, and while rotating, pressure or friction was made upon it by the dry surface of the hand ; the presence of electricity was shown by an electric spark and a repulsion of electrified bodies. After a time the globe of sulphur was replaced by glass, and different kinds of rubbers were used ; improvements continued until quite a state of perfection was obtained in making these electric machines, in all of which friction was the method by which the electricity was generated. These machines get out of

order very easily ; dampness and dust must be kept from the surface of the glass plates. After a machine had not been used for several months, time, experience and expense were necessary to put it in working order again.

This uncertainty of frictional machines created a demand for some kind of an invention for the generation of electricity which would be reliable in all kinds of weather, and would always be in condition for ready use. This has been supplied by what is known as the *influence machine*. The frictional machine is now entirely out of use, having been superceded by the new device—a very much better invention. In the modern influence machine, two principles are embodied : (1) the principle of influence, which is simply another name for induction ; (2) the principle of *reciprocal accumulation*.

The construction of these machines is complicated and hard to understand, even when studied with numerous illustrations. Possibly a slight idea may be gotten by the reader if he will think of an influence machine having two insulated conductors previously charged very slightly by friction, one with + electricity and the other with — electricity. Now a third insulated conductor is brought first in touch or near to the conductor charged with positive electricity, where it receives an equal charge of negative electricity by influence or induction ; then it passes on to the conductor previously charged with — electricity, coming in contact with it or near to it, and gives to it the negative charge carried over from the +ly charged conductor ; while it is there it receives a charge of + electricity from the conductor charged with — electricity, and returns to the +ly charged conductor, and gives the + electricity brought over from the —ly charged conductor. This is repeated very rapidly by the action of the machine, and the charges found on the first two conductors are very greatly increased by the principle of *reciprocal accumulation*.

It might be asked, why does this third conductor get a charge of — electricity from the conductor charged with + electricity, and a + charge from the conductor charged with — electricity ? This question has been previously answered in this article when conduction and induction were compared. At that point the statement was made that by induction the opposite kind of electricity was given to the second body. The main object the writer had in writing this article was to present to the reader the nature and methods of generating statical electricity. In a future article the therapeutical uses and the method of applying it as a curative agent will be discussed.

TREATMENT OF THE INITIAL STAGE OF SYPHILIS.

By Lyman Watkins, M. D.

WHILE the secondary symptoms of syphilis vary in an indefinite number of ways the initial stage is always a chancre, seen or unseen, and the treatment of this initial lesion will differ somewhat in accordance with the location. After a period of incu-

bation, the average time of which is twenty-five days, a chancre appears at the point of infection, generally upon or in the vicinity of the genital organs; but this primary lesion may be found on any portion of the body. Pospelow, of Moscow, reports 198 extragenital chancres occurring in his practice; of these 49 were upon the lip, one upon the gum, 3 upon the tongue, 46 upon the tonsils, 69 upon the female mamæ, 1 upon the chin, 3 upon the eyelids, 10 upon the trunk, 8 upon the upper extremities, 4 upon the nates and thighs. In the writer's practice chancres have been found upon the lip, tonsil, tongue, nose and fingers; of the finger chancres all were of the right index finger except one of the right thumb. However, this paper is to deal not with the diagnosis or location of chancre, but the treatment.

It has been suggested that syphilis might be aborted by excision or cauterization of the sclerotic sore, but these writers seem to overlook the fact that this manifestation of syphilis has only appeared after several days or weeks, and that the body is thoroughly permeated with the virus, so that to remove a mere local evidence of a general infection would not, and in fact never does, have any influence whatever in subduing the general symptoms which occur later. Besides, while the primary sore might be readily excised or galvano-cauterized when upon the genital organs or superficial, in its deeper and internal locations this would be a difficult matter; when deemed necessary to excise in order to allay the patient's anxiety it may be done, and when for "moral effects or prudential reasons" it is thought best to cauterize, the galvano cauterization is probably the best; but it should ever be borne in mind and also carefully impressed upon the patient that these measures will in no way influence the subsequent evolution of the disease. In many cases neither excision nor cauterization results in cure, and the latter condition is less manageable than before, even if the neighboring inguinal glands have also been excised.

An external chancre will usually heal when gently cleansed and dusted with powdered boric acid, and this is the treatment which has been most successful in the writer's practice. Boric acid, however, is less rapid than iodoform or aristol; still the odor of iodoform is often objectionable to the patient, and as there is really no reason for great haste in the removal of a mere local manifestation of a disease already generalized, the boric acid is preferable. In chancres which show a tendency to ulcerate and enlarge, salol acts well, while mercurial ointment will soften the sclerotic base. The remedies which may be applied to the initial lesion of syphilis are as numerous almost as the physicians treating such cases, and each surgeon has his favorite, consequently there is a long list of such remedies, calomel with bismuth, powdered cinchona bark and bismuth, iodol, euphen, resorcin, hydrastis, etc. Professor Howe's favorite application was pulverized borax, while Prof. Scudder recommends tincture iron, tincture iodine, bismuth or Mayer's ointment.

When a chancre upon the penis is painful, much relief is experienced by keeping the organ immersed in a solution of boracic acid as hot as can be borne, and as many hours each day as possible; after drying, the sore may be powdered with boric acid until the next immersion. It is sometimes beneficial to paint the sore with tincture benzoin in which a small quantity of bichloride of mercury has been dissolved, one or two grains to the ounce; this is protective as well as cleanly and antiseptic. The chancres should always be shielded from irritation or injury, and for this purpose soft and thick wrappings are advisable, and at times it will be well to raise the penis against the abdominal wall, or to fasten it in the groin so that it will not hang pendant; but in no case are elastic or constricting bands to be placed around it with sufficient force to obstruct the circulation. In chancre of the labia, the treatment will consist in cleanliness and antisepsis. The labia should be separated and the sore washed with soap and warm water, after drying, iodoform or boric acid applied; the lips should then be kept apart by a plegget of lint or absorbent cotton. In cervical chancre the powder should be covered with a small piece of lint, a tampon of absorbent cotton used to keep the lint in contact with the sore. Salves and greasy ointments should, as a rule, be discarded in the treatment of chancre, but borated vaseline may be used to prevent the dressing from sticking to affected parts, thus obviating pain and hemorrhage, upon redressing. When the chancre is situated in the urethra, the treatment is somewhat difficult, depending, however, upon its distance from the external opening. In the male, immersion of the penis in a bowl of warm borated water during urination is a proper proceeding, and the injection of a sat. sol. boric acid four or five times daily tends to relieve, or soluble bougies of iodoform, aristol, or mercury ointment may be used either in the male or female. Anal chancre may be treated as those elsewhere. Chancres of the eye-lid are to be treated with warm sat. solution of boric acid. Chancres when occurring upon the lip require especial care, and the patient is usually very much concerned in their rapid cure; after the cleansing and application, a small piece of lint may be fastened with adhesive plaster. Chancres upon the margin of the nares should be promptly treated by constant attention, with the use of boric or other dressings, so that the sore may be healed as soon as possible; otherwise disfiguring deformity may occur. Chancres of the tongue or tonsils require applications of sat. solution boric acid frequently, and a mild solution of silver nitrate applied occasionally will often hasten a cure.

The general treatment of chancre, is that which will tend to improve the health of the patient, and while specific antisyphilitic remedies may at this time be employed they do not give the brilliant results that are seen in the later manifestations. And above all it must be remembered that when the chancre is healed the disease is not cured, and that within a certain time, 30 to 40 days, syphiloderma and mucous affections will appear.

PLANT PHARMACY.

By John Uri Lloyd, Cincinnati, O.

If an animal be described by an anatomist, first in order will come the prominent parts, such as head, limbs, trunk. Then the muscles, bones, arteries, nerves, veins, and such organs of the viscera as the liver, spleen, lungs and stomach, will be considered and defined separately, each as an entirety. Then the physiologist takes these organs severally and dissects them in order to search their internal structures, picking them into pieces and using the microscope as he endeavors to evolve the intercellular structure, which is a mutual arrangement of solid and liquid. Then it is at last seen that in the ultimate each organ is made up of aggregation of cells, each class being peculiar to itself.

In no case do these men apply strong chemical reagents while searching for *natural* parts, and were they to do so, it is evident that the substances obtained thereby would become products and not educta. The utmost care is taken to avoid destruction of natural structure by oxidation or decomposition, or alteration by manipulation. Would a physiologist digest an animal structure in acid water in order to obtain from it a *natural* constituent of that organ? Would he lixiviate the contused pulp of a part of the viscera by means of chemical solvents, then strain, acidulate the liquid, or make it alkaline, and distil, then dissolve the residue in water, and perhaps precipitate the solution with ammonia, and finally assert that either the filtrate or the substances precipitated are the counterpart of any natural constituent of the original viscera? The probabilities are that instead of saying that the products so obtained were abstracted from that organ, he would say that by the destruction of natural substances new bodies were created,

Let us go a step further: suppose that instead of taking the recent liver of the animal to manipulate, the organ should be first dried, then powdered, and next, after some months or perhaps years, subjected to maceration and other heroic pharmaceutical manipulations, by means of acids, alkalies, and other chemical reagents, would it not be irrational to assert that the final products are the counterpart of any part of the original organ? It seems to me that it would be more rational to say that while it is possible to obtain interesting *products*, perhaps valuable substances, by such manipulation, it is scarcely probable that *natural constituents* can be isolated by such methods.

Now consider a plant. We may roughly compare the woody trunk and root with the anatomical members of an animal. We may compare the inner bark, buds, leaves and rootlets with the vital organs of an animal. The juice and growing structure and colorings may be likened to the blood, muscle, liquids and cellular structure of an animal. In the animal are unseen forces beyond the reach of cold, test-tube research. In life these forces give individualities to each

animal organ, and so in like manner are there (chemically) unresponsive vital forces that give an individuality to the living plant, and defy our present methods of investigation which reach only into dead structures. A dried apple is not identical even as a food product with a crisp, fresh apple, and a dried oyster is far removed from a fresh one, both in flavor and nourishment. In each instance it is not water alone that escapes in the act of drying, as some might argue, and it is not water *only* that is a part of the structure, while it is a part of the vitalized being. As chemists we estimate the water as water, it is true, but that imponderable something called life that binds the perfect structure into an orderly whole, including the vitalized water, eludes us. Neither operation (the drying of a plant or animal tissue) is very different from the other from a rational stand, although as a rule it is easier to dry a plant than an animal. However—and here we have the illogical phase of our art—when a pharmacist proposes to dissect any organ of a plant and reduce it to its ultimates, he not only dries the structures but subjects them to a course of chemistry so heroic and brutal, and to manipulation so destructive, that the products evolved would probably, if injected into healthy gland tissues, poison the life of a growing plant of the same kind. Such new products are, however, unhesitatingly accepted as “constituents of the plant” from which they are derived.

Strange as it seems to me, no shadow has as yet, to my knowledge, been thrown across the line of thought that in a therapeutical sense considers chemically created plant products in the light of being different from vitalized plant constituents. I am still a believer, however, in the heterodoxy touched upon in this paper, which I have held for many years, for which I have been scolded by some of my friends. Few persons care to subject themselves to attacks of the multitude whose membership realizes that they are right because they are each *one* of the multitude. Individuals are protected when they are on the popular side—protected by the phalanx that surrounds the minority. This fact may, I take it, have prevented some who perhaps see the subject as I do, from speaking out of the silence of their thoughts. Some years ago I ventured to write, “For, as the butcher deals in flesh, not in animals, so the pharmacist deals with vegetable remains, not with the living plant.”

The cry is yet, more chemistry, deeper chemistry, and the term chemistry, whatever may be its derivation or application otherwise, means here, as I see it, butchery—butchery of the plant, butchery of its organs, butchery of the cells—yes, butchery of the very molecules of which the cells are made and of the fluids that exist in the cells. If we go on in this trend of destruction, when we get to the limit of chemistry as applied to plant structure, the pharmacy of plant structures will disappear, for it is questionable if any natural part of the plant will remain to tell of the wonderfully complicated being that had been first massacred, next dissected, and finally annihilated

True it is that the resultant products may be valuable to man, even superior in certain directions to the plant as a whole, or educts from it; they may bear resemblances in taste and some other respects to the original organism, but it seems to me no more consistent to call them plant educts than it would be to consider as constituents of leather the products of decomposition that finally give rise to prussiate of potash.

I believe that we have a great field for true pharmaceutical research beyond the realms of chemical formulæ and equations, beyond the laws of valency and periodicity, beyond the constants that enable us to build up and tear down molecules. But here we have to deal with groups of utilized molecules as a whole, or aggregations of different molecules in unperceived relationship, and associated therewith are perplexities that lie in close connection with life forces and life relationship, both of cells and of organs made of cells.

Let it not be presumed that I aim to disparage in any way the enthusiastic investigator who by chemical research enriches our *materia medica*; far be it from my object, it is only to say again, as I have repeatedly, that in my opinion a product obtained by chemical methods from a plant is not typical of the plant itself, and may not be a therapeutical equivalent of any substance in the natural plant. And with this qualification, which I hope will not be diverted into opposition to chemical research and manipulation that have for their purpose the obtaining of distinct educts or the making of products, I will say that I am more than ever convinced that the most satisfactory pharmacy that can be applied to a vegetable structure that has attained a reputation as such in disease, is the pharmacy that creates as little havoc as possible in the related and associated substances that give to the plant its therapeutical activity. Instead of dissecting, drying, treating with chemicals, precipitating, redissolving, annihilating in fact all natural relationships, I believe firmly that the simplest possible course that may be taken to disentangle the associated constituents is best. The art of the pharmacist in plant manipulation seems to me to be that of kindness, a gentle touch, care to avoid disturbing certain characteristic relationships that in the plant are beyond the scope of our reagents, the avoidance of excessive or heroic chemistry—in fact, the most direct and kindly course possible towards the elimination of inert bodies and the retention of active structures. Let it be understood that this refers to pharmacy manipulation in which the aim is to replace the plant with an eligible preparation of the plant, and does not, for example, refer to the evolution of such substances as morphine, strychnine, and like chemical bodies produced from plants.

THE PRIMARY CARE OF A PATIENT FOLLOWING A SEVERE SURGICAL OPERATION.

Prof. L. E. RUSSELL, M. D., Cincinnati, O.

AFTER a patient has been removed from the operating table to the room and bed he is to occupy, the room should be darkened and no one allowed to enter except the nurse. Friends often rush in and try to awaken the patient, and ask some foolish question, as to whether they are recognized, or beg the patient to speak to them to assure them that he is still alive. This condition of affairs should never obtain either in hospital or private practice.

The bed in which the patient is placed, should be previously warmed with hot water bottles, the patient lying on back with head low, preferably without pillow: and if the shock has been severe, with the foot of the bed elevated from one foot to one and a half, the arms carefully placed by the patient's side, and the clothing carefully tucked around the shoulders to prevent escape of any bodily heat. If the operation has been laparotomy, a large pillow should be put underneath the patient's flexed limbs. This will take some of the strain from the abdominal muscles and help lessen the pain. The patient should be allowed to quietly sleep off the anesthetic, and as he does so, the shock at the same time is gradually receding, and its dangers averted. It is a good plan to moisten a napkin with pure cider vinegar, and have the nurse pass the same over the face of the patient occasionally, and allow him to inhale the fumes, which greatly lessens the nausea, and helps chemically to eliminate the noxious effects of the anesthetic.

Aside from the above description of what to do and what not to do in post-operative cases, patients should be left almost entirely alone without further care, except as they commence to awaken and complain, when the nurse should assure them with much confidence that they are doing all right, and order them to remain as quiet as possible. If the patient complains of thirst, and insists on having any fluid to drink, nothing must be given for the first 24 hours, except an occasional spoonful of very hot water. This will be agreeably accepted by the stomach, and not so apt to be rejected as if pure cold water or bits of ice were given. Occasionally an enema of a tea-cup of warm, normal salt water in the rectum will gradually relieve the thirst and will also allow the patient to endure without the administration of any fluids per mouth.

Where there is a tendency to nausea, it may be somewhat prevented by the application of a mustard plaster at pit of stomach, prepared with the white of eggs to prevent early vesication of the skin, the stimulating, warming effect of the plaster helping to lessen the nausea, which often becomes an aggravated factor in a continuous surgical shock. If the patient becomes very restless, and unable to longer endure the pain, I often allow the administration of a single dose of $\frac{1}{2}$

of a grain of morphia hypodermically with 1.40 of a grain of strychnine : this helps to get them on the level. If after a few hours, the patient still remains greatly nauseated, the best specific for this condition that I have been able to find after years of experience, is the administration of 1-10 grain every hour dry on the tongue of a powder, which is made as follows : R—Take calomel, 10 grains ; sugar of milk, 90 grains ; rub thoroughly secundum artem, and give 1-10 grain every hour, until three or four grains of the calomel have been administered.

When it is desirable to have an action on the bowels, and several doses of the calomel preparation have been given, and two or three doses of the sulphate of magnesium, nature should be encouraged by the administration of an enema, once in three or four hours, composed of the following : Glycerine, 4 oz. ; turpentine, 1 or 2 drachms ; strong soapsuds water made out of old castile soap, 1 pint. Thoroughly agitate this mixture with the hand and fingers before it is introduced into the bowel, after which the nurse must sit down by the patient's side, and help retain the enema, until assured of its action. If there is much uneasiness in the bowel, on account of pent-up gas, a small rectal tube should be introduced for the purpose of allowing the gas to escape. To be sure, the nurse must pay attention to the use of the catheter, which must be properly sterilized, else there will be a contamination of the urethra and vesicle, producing urethritis and cystitis, which are distressing, productive of high temperature, and the cause of a complication which might result disastrously. Therefore, I prefer that the patient, as soon as able to do so, be allowed to evacuate the bladder without the use of the catheter.

I invariably advise the administration of 1.40 of a grain of strychnia hypodermically, for its stimulating effect on the spinal cord, and its tonic effect on the intestinal tract, and to assist peristalsis—the strychnine to be continued per mouth or hypodermically for four or five days.

Where drainage gauze has been placed in douglas cul-de-sac, or the uterus has been packed, if the pain remains constant with much nausea, I advise the withdrawing of the gauze entirely from the womb within a few hours following the operation, and the gauze in the douglas cul-de-sac pulled down and out some two or three inches to allow of more prompt drainage.

The laparotomy patient should never be allowed any green food, or juice of any green food, as long as there is evidence of high temperature following the operation ; and the correct manner of ascertaining the temperature is by the use of the thermometer, introduced at the nearest site of the surgical field. The temperature taken in the axilla or under the tongue is always misleading, and does not present the true condition within one or more degrees of temperature.

Any interference in a case other than above suggested, may be considered meddlesome, mischievous, and incline to mislead the surgeon and his assistants as to the true state of affairs.

The accompanying letters are a fair sample of the trials and perplexities that the physician has to fight out following some cases of laparotomy; and they are given for the purpose of showing the amount of worry and care sometimes required to skillfully land the patient a winner. Hence these suggestions on post-operative care.

DEAR DOCTOR:—I am sorry to have to report unfavorably in our case, but so it must be. All we could do, and we followed out your instructions entirely as to removing gauze, and using means to secure an action of the bowels, but to no avail; we did not try twice or three times, but time and time again. Anything we gave internally was vomited, and if any remained it was not absorbed at all. Enemas were used time and time again and no results except some gas; we also secured some gas by using the rectal tube. Last night we had the collapse; we used strychnine, and have almost kept her alive; now at noon Monday her pulse is 147, intermittent, very weak, and temperature sub-normal. The end is in sight. No doctor, I did not lose my wits, I have kept them together, and if faithful devotion to duty could have brought good results, we should have had them, for neither the nurse nor myself have had our clothing off since we dressed on Thursday morning. I must say our nurse has done her duty faithfully and nobly. She wishes to be kindly remembered to you, and also wishes me to say that she is very sorry we could not win. We could not overcome the paralysis of the bowels.

Letter No. 2. Dear Doctor:—I wrote you yesterday fore-noon, and you will see by the tone of the letter that I was almost ready to give up. But we did not, and after we could hardly expect any results we had them, and got action of the bowels, and a reaction in temperature and pulse; temperature had gone below normal. Last night had another small action of the bowels, and a fine night's rest. Temperature is now 100, and pulse 130. Things look a whole lot more favorable, and I do think she is going to get well. We have nice drainage from the opening through douglas cul-de sac.

Letter No. 3. Dear Doctor:—I have a favorable report to give you to-day. Patient's temperature is 99, pulse 80, and everything tends toward a perfect recovery.

SYPHILIS OF THE SKIN.

By E. H. Moore, M. D., Rew City, Pa.

SYPHILIS is a virulent, chronic, contagious, constitutional disease, which may involve every organ and tissue in the body, and varies greatly in the rapidity of its course and diversity of its manifestations.

Syphilis may be either acquired, or hereditary. When acquired, it is through direct contact of the syphilitic virus with some part of the mucous membrane, or an abraded portion of the skin.

SYMPOTMS OF ACQUIRED SYPHILIS.—After infection there is a period of incubation of from two to six weeks before the appearance of the initial lesion. This lesion, usually designated as the hard chancre, is in most cases found on the genital organs, but may appear upon, or within any of the mucous outlets, or on any part of the body where the skin surface has been broken. In male subjects it is most frequently found on the mucous surface of the prepuce, or on the glands penis. It may first appear as a scaly patch, from the size of a small pea to that of a ten cent piece, with an indurated base, and with no inflammatory areola, or it may present the appearance of a dark, red, smooth papule, with indurated base.

The initial sore may be split through the center, and impart to the touch the sensation of a split pea set into the skin. When not irritated, these lesions do not tend to ulcerate, but when ulceration occurs, we will find an ulcer presenting perpendicular edges, with a grayish-white secretion on its indurated base. Induration is characteristic of all primary lesions of syphilis. When the lesion is situated within the urethral canal, it may lead to an incorrect diagnosis, but differs from gonorrhea in as much as it is very slightly painful if at all, and discharges but a scant, whitish mucus, which has a tendency to glue the edges of the meatus together. The induration interferes with urination to some extent, and can be detected by feeling the outside of the organ. In the female, the most frequent location of this lesion is on the labia, within the vagina, or on the cervix uteri. The adenopathy of syphilis is always of those glands nearest the infective foci, which enlarge to the size of a hickory-nut or walnut in four to six weeks, remaining stationary for some time, then they gradually decrease until the end of four to six months, when they regain their normal size. They are not painful, scarcely ever suppurate, and are freely movable beneath the skin. It is claimed that there is a tendency for the glands to be affected in groups of three. The common characteristics of chancres, wherever found, are, that they are mostly dry, painless, single, always indurated, accompanied by enlarged lymphatics, never surrounded by an inflammatory areola, not auto-inoculable, and disappear without leaving cicatrices, or pigmentation.

A chancre of the anus may be on the outside, or within the anal ring, and present a fissured or ulcerated and thickened surface. A lesion of the fingers is usually found at the base or at the side of the nail; and has the appearance of an obstinate hang-nail, fissured, or an ulcer, but any part of the fingers may be attacked. A chancre on the lips, is usually in the form of an ulcer, covered with a greenish exudation, and accompanied by considerable swelling of the lips. On the tongue it presents the appearance of a warty growth, or a peau-d'orange tumor, only affecting one side. When the tonsils are implicated, the chancre will be found only on one side, which will be reddened and indurated. The throat may be affected, obscuring the diagnosis,

but the difficulty of swallowing and implication of the nearest glands will be sufficient to call attention to the nature of the lesion. The nipple may be affected by multiple lesions of various sizes, may be entirely surrounded by them, and form an induration from the size of a lentil, to three inches across. When these have disappeared the nipple will be flattened, or bent upon its self. There may be a few months of apparent rest between the initial and secondary lesions. The initial lesion is absent in hereditary syphilis.

SECONDARY SYPHILITIC LESIONS.—These lesions make their appearance soon after, or perhaps before the complete disappearance of the initial lesion, are deeper than the former. The secondary lesions are symmetrical, may occupy most any part of the body, and are inclined to group. They are liable to change their character and assume that of a later eruption, or several forms may be present at one time. These are partly due to the influence of heat and moisture. The primary color of all these lesions, is a light pinkish-red; it then becomes a dark red, ordinarily described as copper color, or ham color, which remains until the disappearance of the eruption, when it is sometimes succeeded by temporary pigmentation, cicitization, or scales.

MACULAR SYPHILIDE.—This eruption is usually the first to make its appearance in the secondary stage. It occurs from six weeks to six or eight months after the commencement of the initial lesion and consists of a number of round or oval spots of the nature of roseola, not as a general thing elevated above the level of the surrounding skin at first, but later becomes slightly thickened. The first few days they are a light pink color, soon changing to a dark red and remaining so until the disappearance of the eruption, which lasts for several weeks, without leaving scars or pigmentation. This eruption first appears on the abdomen and thorax, occasionally on the face, but is mostly confined to parts covered with clothing. It is not likely to reappear. The muscular syphilitic eruption may be ushered in with a chill, and followed in some cases by quite a severe fever. The fever may assume the intermittent, or remittent type, but in any case is very irregular. At this stage of the disease there may be pain in the bones, alopecia, mucous patches, sore throat and syphilitic iritis. Subjective symptoms as a rule are absent during this eruption.

PIGMENTARY SYPHILIDES.—This condition is sometimes met with on the neck and face of young girls, and is quite persistent, but finally disappears, leaving spots without pigment, resembling vitiligo. In some cases there will remain a narrow pigmented ring around the spot.

MILIARY PAPULAR SYPHILIDE.—This eruption may precede, but generally follows the macular syphilide, or it may appear before the other has entirely disappeared. It consists of very small, round, pointed papules, which are elevated above the surrounding skin, firm to the touch and covered with minute scales. The papules are a bright red at first, but soon become the characteristic dark red. This

eruption is symmetrical, and most profuse on the face, neck, back and shoulders, and is inclined to form in clusters. It is chronic in character, and is liable to recur. Pigmentation and cicitization sometimes follow. In moist places, such as the scalp, or about hair follicles, it may become vesicular and then pustular, followed by the formation of scales in the center, and is occasionally attended by some pruritus.

FLAT PAPULAR SYPHILIDE:—When this eruption appears, it is a little later than the miliary papule and is supposed to indicate a more severe form of syphilis. These papules are round, or oval, about the size of a lentil, elevated above the surrounding skin, smooth to the touch and have no areola. They are light in color at first and soon get darker, but do not become such a dark red as some of the other eruptions. The eruption may be general, but is seen mostly on the back, shoulders, neck, scalp and forehead. The papules on the scalp, owing to the heat and moisture produced by the presence of the hair, first become vesicular, then pustular, from which an ichorous exudation is produced, matting the hair, forming crusts and giving off a disagreeable odor. On the neck, the papules are quite large and become depressed in the center, giving them an umbilicated appearance. On the forehead and sides of the face near the margin of the hair, they remain papular to the end and form what is called the corona veneris.

MOIST PAPULES.—These papules are found on mucous surfaces and where two skin surfaces come in contact. They appear on the lips, tongue, tonsils, anus, penis, labia, vagina and uterine neck; also between the toes, in the axillæ, on the scrotum and beneath the nipple. Their nature is due to the heat and moisture of their various locations. The papules are slightly elevated above the surrounding surface, soft to the touch, moist and dark red in color. The secretion from these papules, which is of a grayish color, is very contagious causing primary lesions. They may coalesce, ulcerate and form large patches. This may be followed by granulations, or warty growths may spring up around the edges. Moist papules are without subjective symptoms.

PAPULO-SQUAMOUS SYPHILIDES.—This eruption appears late, and is chronic in character. The papules are large and tend to group and coalesce. They become covered with small loosely attacked scales, which, when removed, show a red, irritated surface. The eruption is symmetrical, and may be general, but is ordinarily found on the palmar and plantar surfaces. In some cases, where much of the sole of the foot is involved, there may be extensive excoriations, which may seriously interfere with walking. This condition is unfortunately known as syphilitic psoriasis.

VESICULAR SYPHILITO ERUPTION.—This is a very rare and therefore unimportant eruption, that is liable to occur six or twelve months after the beginning of the initial lesion. It may cluster as in eczema, or be scattered as in varicella, appearing on the trunk and extremities.

and rarely on the face. It is generally situated about hair follicles, on a dark-red base, is apt to become pustular, break down and ulcerate. It soon passes away without scars or pigmentation and does not, during its course, give rise to any subjective symptoms.

PUSTULAR SYPHILIDES.—The pustular syphilides indicate a severe form of the disease, or a depraved condition of the individual's health. The pustules are generally developed from papules, which are situated on a red, or copper-colored base. They usually terminate in ulcers, which have sharply defined edges and become covered with crusts, which vary in color from a yellow, to a green, brown, or black. They heal slowly, but finally terminate in healthy granulation, leaving cicatrices and pigmentation. The pustular syphilides are the large and small acuminated, and the large and small flat pustules.

Small Acuminated.—This variety of pustules may be the first of the secondary lesions, and is usually accompanied by fever. This eruption may be found in groups, on the trunk and extremities, three to six months after the initial lesion. The pustules are about the size of a grain of wheat, are found around the hair follicles and are generally perforated by a hair, which they destroy and are followed by ulceration, and the deposit of more or less pigment.

Large Acuminated.—These pustules appear four or twelve months after the initial lesion, are large, acuminated, each perforated by a hair, surrounded by a copper colored areola, usually occupy the face and shoulders, form in groups, contain yellow pus which soon dries into yellow or green crusts, on removal displays an ulcerated surface, finally healing by granulation, leaving a minute cicatrix. The individual lesions disappear in two or three weeks, but successive crops are the rule. There are no subjective symptoms.

Small Flat.—These pustules appear on the face, scalp, or genital organs during the second year of the disease. They are superficial, surrounded by a dark areola, and soon became covered with dark green or yellow crusts. They run a mild course and leave no local changes in structure. A deeper pustule may form later on, which is much slower to heal and is followed by cicatrices and pigmentation. When the secondary lesions have spent their force, "the viris sleeps" for a period, and the patient enjoys an apparent rest from the disease. This may last for but a few months, several years, or where judiciously treated, may terminate the disease.

[To be continued.]

THE WOODBRIDGE TREATMENT OF TYPHOID FEVER.—An opportunity of testing his method of treating typhoid fever was given Dr. Woodbridge at Chicago, and a recent number of the *Chicago Medical Recorder*, in commenting upon the results secured by Dr. Woodbridge at the Fort Meyer hospital, says that he had a mortality of 10 per cent. as contrasted with a mortality of 7 per cent. by usual methods.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

CEREBRAL EMBOLISM AND COMPLICATIONS.

R. P. C., age 38, Mt. Carmel, Ind., occupation farmer. This gentleman was brought to the office by his attending physicians, Drs. F. E. Seal, of Mt. Carmel, Ind., and T. F. Bertenshaw of Drewsburg, Ind. The history given was, four weeks ago he complained early in the evening of feeling sleepy, and went to bed earlier than usual. The following morning, not coming to breakfast, one of the family went to call him, and found him unable to see, hear, or speak. He could make his wants known by acting, however. For several days after the attack he was unable to void his urine, and the catheter was used. No disposition to fall when on his feet, and as far as observed all the functions of the body were normal. Co-ordination of motion apparently not interfered with.

Three weeks after the attack speech returned, but the other faculties remained the same. This was the fifth attack, but the previous ones only lasted a few hours. It was said that they all followed a "spree."

A peculiar condition was the ability to recognize persons by feeling their hands, even those with whom he was but slightly acquainted. Also his sense of location was remarkably acute, being able to designate and name the locations of houses which he was passing while riding with any of his friends.

Examination.—Well nourished, strong physique, no appearance of dissipation. Although unable to distinguish any light, if a strong light was reflected into the eyes there was excessive pain, but no other sensation was noticed. The tendency was to roll the eyes upward when the lids were separated. Tension +1, both eyes.

The ophthalmoscopic examination revealed no especial change in the right eye, but the left fundus was quite hyperemic. No other changes were discernible.

The pharyngeal appearances were not different from those ordinarily found, while the laryngoscope examination was *nil*, so far as abnormal appearances were concerned.

The tuning fork was not heard when placed on the mastoid, vertex, or frontal region, but was heard when placed between the teeth. The membrana tympani were retracted, but no other changes were discernible.

Diagnosis.—Probably embolism or thrombosis, although there were some peculiarities that this would not cover.

Prognosis.—Doubtful.

Treatment.—Expectant more than active. Advised sp. jaborandi in connection with the treatment the doctors were using on account of its absorptive properties. Nov. 29, 1901.

On Dec. 15th I received a letter from Dr. F. E. Seal, as follows : "He stood the trip to the city very well, and for several days afterwards was around as usual, but last Monday morning, about 5 a. m., he took severe pains in his head, and gradually grew worse, and died on Wednesday at 3.30 p. m. Post mortem revealed a large embolism in the fissure of Sylvius, and two larger blood-clots near the base of the brain. Around the latter the brain substance had begun a breaking down, nearly to the pus point."

Jakob, speaking of embolism, states that embolism is most frequently found in the fissure of Sylvius on the left side. "Embolism produces a primary apoplectic insult similar to that observed after hemorrhage, but the coma does not last so long and is not so deep as in the former condition. On the other hand, prodromal symptoms may be numerous and more marked in embolism, and especially in primary thrombus formation."

CEREBRAL HEMORRHAGE.—The same author, under the above heading, says : "The causes that may lead to the formation of such an aneurism are, arterio-sclerosis due to chronic alcoholism, syphilis, gout, chronic nephritis, old age, and other unknown causes.

A hemorrhage occurring in the region of the basal ganglia and adjacent portions of white matter—the internal capsule—is followed by the gravest consequences. This region is supplied principally by the above mentioned branch of the artery of the fissure of Sylvius, which, from its great liability to hemorrhage, has been named by Charcot the "*arterie l'hémorrhagie*."

The history of this case excluded all the known causes, as the reported "sprees" were at considerable intervals, and there was no knowledge of any special inclination to drink even moderately during the interim. In all probability the supposed "sprees" were the result of some cerebral hemorrhage.

The case was especially interesting on account of the complications present, without well defined mental disturbances or lack of co-ordination. The return of the speech faculty was probably due to shrinking of the embolus sufficient to allow some return of circulation. This occurs in many cases, but is not constant. It may affect any of the special senses.

Never prescribe for an inflamed eye without doing three things, viz. ;

1. Without examining for a foreign body imbedded in the cornea or lodged beneath the lids.
2. Without seeing if cornea or iris is implicated.
3. Without determining the presence or absence of tension of globe.—*Cin. Lancet Clinic.*

PERISCOPE.

DISEASES OF THE OVARIES.

There is some reason to fear that what we shall have to say about this subject will not be very satisfactory or make very pleasing reading for patients or physicians. What we have to say, however, is the truth as we see it.

The ovaries constitute one of the most convenient physiological scapegoats of which we have any knowledge. If a woman has something rather obscure the matter with her and the doctor does not know exactly what to call it, he lays it to the ovaries. If the doctor be an ambitious fellow, he thrashed around quite a while trying to fix the blame on some other organ, but if he doesn't see his way clear to convict any other part of the body of the symptoms of which his patient is complaining he pounces upon the ovaries. The poor ovaries have no means of defense. Exactly what symptoms they should produce in case they were diseased, no man knows. Whether an inflamed ovary should hurt or smart, or ache or throb, or produce a sinking feeling, or make a woman nervous, no man knows. It is this want of definite knowledge as to what symptoms a diseased ovary should produce that makes the ovary such a splendid loophole through which the doctor can make his escape when he is puzzled to know what the matter is.

It more often happens, however, that the doctor is not an ambitious fellow. He is generally a lazy fellow content to say anything that he thinks will make a good impression. The easy, go-lucky, well-fed, rollicking fellow in his medical sluggishness goes from woman to woman casting slurs on the ovaries. If the ovaries have proved to be damaging and useless to woman, they have, at least, proved of great value to the doctor and to do without his ovaries is impossible to imagine. He certainly could not practice medicine very long unless he went to some mining camp or joined the army where he would have no use for ovaries in any event.

But there has an enemy arisen in the medical camp who threatens to destroy the vocation of the ovary doctor. This enemy is the ovariotomist. The ovary surgeon does not content himself with simply slandering the ovaries, he goes to work and cuts them out. Every woman he deprives of her ovaries is unfitted forever of being any use to the ovary doctor. Having got rid of her ovaries, she has a right to expect of him something else besides the old song and dance that her symptoms are due to congested ovaries.

Having had the good luck to return from the hospital alive minus her ovaries, the next time her family physician comes dawdling around with a bottle half full of coal tar tablets rattling in his hip pocket, he will have to invent some new story. It won't do for him to select the kidneys because the people know a little too much about the function of these organs to have every possible and impossible

symptom referred to them. We would suggest to these ovary doctors the supra-renal capsules as being available organs in this dilemma.

As soon as a woman is deprived of her sex by the ovary surgeon, the ovary doctor then can change his base of action from the ovaries to the supra renal capsules. This would be perfectly safe and business like. No one knows what the supra-renal capsules are or what sort of disturbance they would set up in the system in case they were diseased. This will put these heretofore useless and generally overlooked organs to some practical use. The existence of the supra-renal capsules shall have been indicated as soon as they have been made to bear the opprobrium which the ovaries have so long borne.—*Medical Talk.*

TIN POISONING BY STOCKINGS.

Dr. Jolles (*Wein. Med. Presse.*) reports a case in which toxic symptoms apparently depended on chloride of tin (SnCl_4) present in silk stockings. This is the salt most commonly employed for "weighting" silk, especially those dyed delicate colors, and may constitute 25 per cent. by weight. A single woman, aged 27, had attacks of partial paralysis of the legs, with anesthesia, a feeling of coldness and an ataxic gait. Whenever these symptoms were most marked the patient noticed that her feet were discolored yellow, especially on the soles and sides. Oesterreicher found that this was derived from light-yellow silk stockings. There was hyperidrosis pedum. After the symptoms had recurred frequently for more than a year, the patient was emaciated, the stomach was dilated, and there was marked ataxia, especially when the eyes were closed. The patellar reflex was exaggerated, but the ocular reflexes were normal. The stockings were analyzed and found to contain considerable quantities of tin. The urine contained large quantities of albumoses, with a smaller amount of serum albumin and globulin. There were a few hyaline casts; after evaporation and incineration tin was detected in it. Ataxia nervosa and albuminuria depending on chronic tin poisoning were diagnosed. A diet of milk, butter and bread was ordered, with faradization of the legs, sodium iodid and warm bath, but as the patient was losing strength, white meat, vegetables and cakes were allowed. Sulphur baths were also employed. Three months later the patient could walk fairly well, and the subjective sensations had disappeared. For the first two months of treatment tin could be usually detected in the urine, and the last analysis showed that traces of tin, of albumoses and of albumin were still present, though the casts had disappeared. It is possible that the dye, which was insufficiently fixed and was soluble in hot water, complicated the symptoms of tin poisoning. Oesterreicher considered that tin poisoning was the sole cause of the albuminuria, and that the ataxia, although possibly hysterical, was aggravated by the intoxication. The writer concludes that persons who suffer from hyperidrosis should not wear silk next the skin.—*Post Graduate, July, 1901.*

COMMON SALT IN DIPHTHERIA.

Dr. A. Seibert says:—Solutions of common salt were used long ago for cleaning the nose and the throat, but they are not strong enough to be of prophylactic value. It occurred to me, therefore, to use it in diphtheria in the same way as it is used in the preparation of corned meats and sauer kraut. And thus, since July, 1888, I have treated each case of diphtheria in the following manner:—

At the very first visit, I spread a thick layer of fine salt over the tongue as far as between the tonsils, by means of the moistened back of a roundish (not sharp) little spoon handle; then I turn the spoon to the right or to the left, so as to have the edges now standing upward and downward, and thus I press the salt on the diphtheritic spot and its surroundings. No force of any kind is used in this, and it is easy to maintain the spoon and the salt *in situ* for a whole minute. On retiring the spoon, the salt remains attached to the tonsils. After covering the spoon handle with a new layer of salt, the same operation is repeated on the other side.

Only after some particles of salt have dropped near the epiglottis, tussicular irritation is produced and in rare cases (in sensitive patients choking, and occasionally vomiting. In most cases, children support this application of salt very well. Grownup and bigger children have stated that only after liquefaction of the salt some irritation and tussicular fits are noticeable. In the subsequent hawking and coughing I have frequently seen membranes which had dropped, being induced thereby immediately to make a new application of salt on the now raw ulcerous surface.

The salt now penetrates rapidly into the diphtheritic membrane, into the ulceration basis, and, through the intact membrane, into the depth of the infiltrated and still healthy surroundings. Wherever it now reaches, it is bound to develop its antiseptic effects. I may positively assert that the diphtheritic germs undergo this effect. Mostly very soon after the first application, fever and pain diminish materially, and, accordingly, at the next visit (after six hours) tumefaction is found to be less and especially paler than before, while the subjective condition is materially improved. Although the membrane may not be removed, yet it has not enlarged and it remains localized; for the application of salt twice every day "corns" the surroundings of the diseased part in such a way that fungi and cocci are unable to gain a foothold, and, on the other hand, the morbid germs established already in the tissues and in the lymphatic and sanguiferous ducts are rendered innocuous by the salt.

It is self-evident that in highly-developed cases where the laryngeal cavity is clothed in toto with the diphtheritic covering, this treatment will not perform miracles any more than any other therapeutic method.

I will not produce statistics. I wish only to say that I am highly satisfied with this system of "corning diphtheria," and I would like to recommend it to my colleagues.

Until now, I have not found it necessary to make the application oftener than twice a day.

The method is simple, absolutely harmless, and without any danger, and rational.—*Health.*

THE TREATMENT OF LOSS OF HAIR.

Dr. Jackeon (*Jour. of Cutaneous and Genito-Urinary Diseases*) has carefully studied 300 private cases suffering from loss of hair. From this study he draws the following conclusions:

1. Loss of hair is far more frequent among men than among women. 2. Neither the married nor the unmarried condition exerts any influence on the hair. 3. Intellectual occupations, especially when combined with worry and nervous strain, are predisposing if not exciting causes of baldness. 4. Sixty per cent. of the cases of loss of hair begin before the thirtieth year of age. If one passes that age without showing signs of loss of hair his chances for keeping his hair are much increased, as is represented by 36, 17 and 9 for the three following decades. 5. In women, general thinning of the hair is the most common form, while the receding temple is very uncommon. In men the whole top of the head is most often affected, and the receding temple is very common. 6. The great predisposing cause of loss of hair is heredity, 132 of the 300 cases showing a well-marked family history. The influence of heredity is shown in sex, most of the women who lose their hair showing a well-marked history on the maternal side; the men showing it on the paternal side. Next to heredity all disorders of the general nutrition of the body are predisposing causes. The greatest exciting cause of loss of hair is dandruff, a term used to include seborrhea sicca, pityriasis, seborrheal eczema or dermatitis—72½ per cent. The evil influence of dandruff is greatest in those of a bad family history of loss of hair.

"As to treatment, the best drugs are sulphur, resorcin and the mercurials, in the order in which they are named. The only stimulant to the hair worth mentioning is massage, and this should not be employed until the dandruff is checked."

In an interesting discussion following this paper Hardaway called attention to the fact that since the discontinuance of the former almost universal habit of oiling the hair, alopecia appears to be more prevalent. Dr. Jackson held that the reason that women do not become bald so often as men is partly because they have not gone to barber shops so much in the past, and because their scalp is differently made up. In the woman there is always a cushion of fat between the scalp and the skull, while on the man's head this cushion is wanting and the nutrition is not so good. He also lays stress upon the fact that the young men at the present day have forgotten their father's instructions to oil the scalp. If they used oil more freely they would often avoid baldness. Sherwell calls attention to the fact that a woman's scalp has a markedly less number of hairs than has a man's 90,000 as against 110,000 to 120,000.—*The Therapeutic Gazette.*

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PREMATURE EXPULSION OF THE FETUS.

II. TREATMENT.—The most important factor and first point to determine in the management, care and treatment of cases where symptoms of abortion or miscarriage manifest themselves, is, whether the trouble, or tendency to evacuate the uterine contents, is simply threatened or a difficulty that is inevitable. Treatment will be governed and depend upon a diagnosis or opinion based upon a judgment along these lines. In the one instance, where the hemorrhage is but slight and not increasing, the pains not severe, and but little bearing down complained of, the condition having continued but a short time, the probabilities are that it may be controlled, and every effort should be exercised to *prevent* its further advancement. While on the other hand, where there is considerable hemorrhagic loss, gradually increasing in amount, the contractions growing in force and frequency and assuming an expulsive character, it will be necessary to *favor* and *promote* the expulsion of the ovum as readily as possible.

Thus on the one hand the essential treatment calls for every reasonable means to *prevent*, while on the other every effort should be instituted to encourage and *promote* the expulsion of the contents of the uterus.

Upon being called to a case of this nature inquiry should be made as to the probable exciting cause, the length of time that has elapsed since the beginning of pain and hemorrhage, whether similar trouble has been previously experienced; afterwards an examination should be carefully and thoroughly made, to determine the condition of the parts, the degree of dilatation, the nature and character of anything presenting at the os, as well as the appearance and amount of hemorrhage; likewise the nature and effect of the pains should be inquired after, as well as directly observed.

In the event the symptoms indicate a condition in which the abortion is merely threatened, a treatment should be immediately applied to subdue the uterine action, and thus prevent further detachment of the ovum and continued hemorrhage. The first and most essential

requisite is to enforce perfect quietude ; the patient should be kept in the supine position in a darkened room, and no one but the attendant admitted, in order that the rest may be mental as well as physical. Frequently absolute rest and quiet, in the event the condition has not continued too long, and gestation has not advanced beyond the third month, will be all that is necessary to ameliorate and control the unpleasantness, and favor the uninterrupted continuance of gestation.

In other cases, where the pains are quite pronounced and the hemorrhage considerable, evidencing detachment of the ovum to a dangerous extent, more radical means must be resorted to. Probably under such circumstances no agent is farther reaching in its effect nor more pronounced in its results towards averting the threatened disaster, than opium in some form. Small doses of laudanum, or grain doses of pulv. opium, may be administered by mouth or through the agency of a rectal suppository. The dose should be repeated according to the conditions present and the results obtained. Potassium bromide as well as chloral have also been highly recommended. We believe, however, the first named remedy will give more satisfactory results, and is to be preferred. No doubt in most cases where no radical cause or predisposition to a threatened abortion exists, opium, if given early and repeated sufficiently often to hold the pains in abeyance, with profound rest and quietude observed, will thwart the difficulty, and carry the patient beyond the danger line.

Another remedy that is highly extolled, and in quite general use when abortion threatens, is viburnum prunifolium. Many claim specific action for this agent under its early and persistent use. The specific medicine may be given in from ten to thirty drop doses every two to three hours ; of the fluid extract a teaspoonful four times a day is the usual mode of administration. Hirst and several other authors suggest the advisability of using the viburnum and opium in conjunction : a suppository of the extract of opium morning and evening, and the viburnum several times through the day. Under some circumstances, where marked nervousness, together with agonizing pain radiating from the uterus to the iliac region and ovaries, is in evidence as a pronounced disturbance, macrotys and pulsatilla give ready and marked results in allaying the distress.

In conjunction with any treatment, normal evacuations of both bowels and bladder should be solicited, in order to avoid any additional straining or bearing down.

In the event the pains persist in force and frequency, the hemorrhage increasing, portions of the ovum are discharged, or the amniotic fluid is expelled, whether following the foregoing treatment or manifest when the patient is first seen, the condition should be diagnosed as not amenable to prevention, but an inevitable abortion. Under such circumstances the treatment assumes a type in marked contrast with the former, and assistance must be given to the continued and complete evacuation of the ovum and secundines. In such cases one

feature of treatment is to immediately tampon the vagina tightly, in order to favor as quickly as possible full and normal dilatation of the os; at the same time ergot may be administered in from one-half to three-quarter teaspoonful doses every hour or so to favor expulsive contractions. After the pains become expulsive enough and of normal frequency, the packing may be removed, when as a rule the ovum intact will be found upon the last part of the tampon. If the dilatation is not yet sufficient, retampon at once and continue until expulsion occurs, or the ovum can be easily removed by the fingers carried through the cervix into the uterus.

On the other hand, various writers have latterly advised that sufficient dilatation be forced, and the uterus be evacuated of the ovum and contents at once by means of the curette. Either treatment results satisfactorily when conducted under aseptic precautions, the latter, however, is more radical and rapid.

Attention to firm contraction should at once follow the extrusion of all retained material. Kneading the uterus by Crede's method usually suffices. If hemorrhage should persist and continue unduly or alarmingly, however, the uterus should be packed with gauze. Gradually removing, as contractions continue, until the organ is normally reduced, as the last portion is withdrawn. Cleanliness, asepsis and quietude should be rigidly observed; keeping the patient bed-ridden for a week at least. The care and attention during miscarriage and premature labor is not essentially different from the proper and judicious management of a parturient case at term.

R. C. W.

TREAT THE PATIENT AND NOT THE DISEASE.

"We are *mending our practice* so that every such patient is now advised and treated according to any one or more of the hundred special and personal conditions existing."

The above is taken from an editorial in one of the leading old school medical journals of the East. We quote the above not because it is a new doctrine, for it is one that has been taught for the past third of a century by every Eclectic college in the land, but that we may emphasize the necessity of the truth that it contains, and also to show the tendency of the leading thinkers in the medical world.

To be successful in any disease, it is necessary to study the conditions existing in order that we may correct the same, and thus effect a cure; yet this is not done by a large majority of practitioners of the present day. Much time and study are devoted to the naming of the lesion in order that the *disease* in question may be treated, and but little attention is paid to the conditions existing. A recent case will illustrate this fact perhaps better than a long dissertation.

Mrs. — was taken sick and a prominent physician called, who diagnosed the case as one of *grip*, and treated the case for grip for several days, but the patient grew worse, with increasing temperature, and

doubt arose in the mind of the attending physician as to the disease. He began to suspect typhoid, so pricked one of the patient's fingers, and had the blood examined, when he discovered he had been giving the wrong treatment, for the examination of the blood revealed that his patient was suffering from typhoid fever and not the grip. At once the treatment was changed. Ice cap to the head, and patient sponged with cold water, notwithstanding the patient begged to be relieved of the cold applications, and said they would kill her. The internal medication was but little better than the local, for the patient grew steadily worse. The distension of the abdomen was enormous, the diarrheal discharges frequent; the sepsis, as shown by the dry, brown, almost black tongue, growing with each day of the disease. The heart's action was rapid, but very feeble, for which strychnine was given every three to six hours.

At this stage we saw the case. The conditions to be corrected were first, *sepsis*. The dry, brown, immobile tongue spoke more eloquently than words. The distension of the abdomen must be relieved. The feeble heart must have relief. These *conditions* must be met. It mattered not whether the disease was typhoid fever, la grippe, small-pox or pneumonia. These conditions arose from one basal wrong—*sepsis*. It was this that caused the high temperature, the diarrhea, the tympanitis, the feeble heart. Common sense would say, correct the basal wrong, remove the cause that gave rise to the unpleasant symptoms. *Rational* treatment would be to correct, if possible, the sepsis, and the high temperature, diarrhea, and heart trouble would correct themselves. The ice-cap was thrown aside, the strychnine withheld; why whip up a poor tired heart every three or four hours, when it was doing its very best? and an effort was made to combat the one prominent wrong—sepsis.

R—Hydrochloric acid C. P. gtt. xx, simple syrup and water of each 3 j, teaspoonful, alternating each hour with capsicum gtt. xx. lobelia gtt. x, water 3 iv; the latter to improve condition of stomach for better absorption to help the heart's action; an enema of tinct. prickly ash berries 3 ij, hot water 3 iv, to relieve the distension of abdomen, with sponging of the head with hot water, constituted the treatment. Within twenty four hours the tongue began to moisten, the temperature fell, the heart grew stronger, and the distention of the abdomen began to disappear.

If a *specific* condition exist, why not meet it by a direct or specific treatment. Now in the various diseases that afflict humanity certain conditions will arise. In some it will be wrongs of the circulatory apparatus—perhaps determination of blood to a part with active circulation; perhaps engorged capillaries, with general congestion; or it may be cerebro-spinal irritation; again it will be sepsis, or some other of the many conditions that are at work making the body sick. To successfully treat the sick we must *diagnose* the conditions in order to successfully correct them. In this diagnosis we will be able

to name the disease, but when we come to give our remedies, we had better forget the name, and think only of correcting wrong conditions. In other words, treat our patient, and not the disease. R. L. T.

PHYSOSTIGMA—Calabar Bean.

This is the ordeal poison of some African tribes. They take it, and if they survive it is well with them; if they die, they could not withstand the ordeal. The survivors are no doubt saved by violent emesis, as calabar bean is a virulent poison, and there is no certain antidote. The extreme muscular weakness, the vomiting, the slow, weak pulse, the violent purging, the giddiness, the nervous disturbance, evidenced by contracted pupils, etc., seem to demand cardiac stimulants, and are perhaps to a degree met by the administration of heart and respiratory stimulants, such as digitalis, ammonia carbonate, and alcoholic preparations. The local application of heat is indicated, and the hypodermatic use of atropine and strychnine in large doses is highly recommended. They may modify but hardly cure bad cases. Death is usually due to cardiac syncope, or heart failure, and to paralysis of the respiratory centers and consequent suffocation. As a remedy, physostigma is usually found classified as a depressor-motor. We may say that the special indications for its administration are mental torpor; the surface of the body is cold; the pulse is rapid, small, tense, and tremulous; the breathing is difficult, and there is a sense of constriction about the chest or body. These symptoms are usually present in nervous diseases. They are frequently the disease expressions seen in the impotent masturbator—the fellow who has poor and unsatisfactory secretions, and a premature seminal discharge—the fellow who "fires into the brush."

In traumatic tetanus, or in cholera, or in epilepsy, with the above named symptoms, physostigma should prove curative. The same is true of it in reflex neuralgias of the atonic type, and in some cases of progressive muscular paralysis and atrophy. It may not cure, but relief should follow, and the onward progress of the disease stayed.

In cerebro-spinal meningitis when there is dullness, torpor, weak pulse, try calabar bean. In those closely related nervous troubles like locomotor ataxia, paraplegic myelitis, writer's cramp, and in puerperal convulsions, as well as in trismus neonatorum and in many cases of infantile convulsions when the above symptoms prevail, at least moderately good results should follow the administration of physostigma.

The stimulating effect of physostigma upon the sympathetic, through which it increases to a very great degree the peristaltic action of the hollow viscera of the body, makes it an important remedy in chronic heart troubles, and in atonic gastric and intestinal catarrh, and in atony of the bladder. It is therefore the remedy in many cases of dilatation of the stomach or of the intestines and the incident

chronic dyspepsia. It overcomes frequently and quickly that constipation which is due to relaxation of the intestines that is prevalent in those common pill and physic takers. It tones up the bowels, increases peristalsis, and puts an end to meteorism and to the constipation. It is said to increase secretion from the intestinal glands, as well as to improve peristalsis. It is therefore a companion remedy to belladonna and to podophyllin. It is a remedy for vertigo, headache, flatulence, and it has been highly recommended in renal hemorrhage and in the night sweats of phthisis.

Physostigma should serve us well in persistent hiccup, in the below par patient. Its sympathetic stimulation makes of it a valuable medicament when prescribing for "congestion of the lungs," pneumonia, bronchitis, dyspnea. It relieves asthma frequently when of bronchial or nervous origin. It overcomes emphysema. The troubles incident to change of life in women frequently present symptoms as herein suggested; if such be the case, be sure to give physostigma.

The drug is the source of two very poisonous alkaloids—eserine or physostigmine, and calabarine. Formerly an alcoholic extract of physostigma was used to quite an extent by oculists. Now eserine has wholly replaced it. It is used locally in the treatment of iritis and in internal inflammations of the eyeball. It contracts the pupil certainly and quickly, and the alternate contraction and dilatation produced by it and by atropine, when used alternately, prevent adhesions. Eserine temporarily contracts the ciliary muscle. When this muscle is paralyzed eserine may prove helpful. It is a remedy for retinitis and for photophobia due to iritis or granular lids, or to strumous ophthalmia, or to ulceration of the cornea, lids, etc., when there is feeble recuperative powers—when there is the mark of indolency upon the tissues. It is recommended as an excellent remedy in glaucoma, in episcleritis, in hypopyon ulceration, and for blood extravasations of various kinds.

W. E. B.

AMYGDALUS PERSICA.

For a long time we have seen nothing in the Journal concerning an excellent old-time favorite with many physicians for quieting gastro intestinal irritation—*Amygdalus persica*. The best mode of administering this agent savors so much of the old time root and herb practice that we presume many do not now employ it.

Two stubborn cases of gastric irritation with great pain, which had resisted other medicines, brought this remedy to mind. In one case, that of a child of 9 years, no medicine or food could be retained by the stomach; even sips of water being promptly ejected by emesis. Minute doses of aconite, and of aconite and ipecac, although apparently indicated, met the same reception as did the water. Hot moist applications to the epigastric region contributed somewhat to allay pain. This condition lasted for three days and nights without any improvement, although the use of several other medicines was

attempted, but without good results. An infusion of fresh peach bark was now prepared with ice-cold water, strained, and half teaspoonful doses were given every twenty minutes, and later teaspoonful doses. No more vomiting occurred, though some pain persisted for two days. By this time the stomach had so far recovered that a single dose of 5 drops of solution of morphine bimeconate was retained and checked the pain. Upon the appearance of pain the next day another 5 drop dose was given with the result of removing the pain and inducing a refreshing sleep. The little patient, who had not tasted food for six days, now began to take small quantities of buttermilk and made a rapid recovery.

The second case was that of a young married woman presumably six weeks pregnant. She had long been a sufferer from stomach trouble, and had suffered much at the hands of many physicians. She was suddenly taken with an acute attack of indigestion, with marked tenderness and severe neuralgic pain in the gastric and neighboring regions. She attributed the trouble mostly to some medicine she had been taking, which indeed seemed a powerful acid, for she had eaten but little of any thing for several days. Vomiting was frequent, mostly at night. All food soured in the stomach, and was ejected by the nocturnal spells of emesis. Cold water could not be retained, and there were two degrees of fever. Absolute rest in bed was directed. Occasional sips of hot water were allowed and a fresh cold infusion of peach bark prepared and administered. There was no more vomiting and the acute pain was relieved.

The next day some pain still persisting, she was given specific aconite and hyoscyamus, the stomach now being able to retain water and medicines. Owing to a state of nervous apprehension which was quite marked, she was also put upon small doses of specific pulsatilla. The whole treatment was specifically indicated and gave very prompt relief. At no time since her "stomach trouble" began, had medicines acted so kindly and beneficially. She was soon able to partake of fresh buttermilk, and to her surprise, unlike all other foods she had taken for months, it gave her no inconvenience and appeared to be the one thing needed. The last case had evidently been over medicated for a long time, for she gradually got worse under all previous treatments, which had been of the heroic type. These cases show the efficiency of specific medicines when clearly indicated and administered in medicinal doses, and in doses designed to induce physiological actions of the drugs.

Lest amygdalus be passed by in the enthusiasm over the so-called "newer therapy," let us recall the specific indications and uses for this medicine:—

Gastric and abdominal tenderness, irritation, or congestion, with elongated, pointed tongue with reddened tip and edges, and prominent papillæ, nausea and vomiting; intestinal and bronchial irritative diarrhoea.

When compelled to resort to morphine by stomach we prefer the solution of morphine bimeconate, for its kindly action and least likelihood of producing nausea or vomiting.

H. W. F.

CHIMAPHILA.

Chimaphila is a remedy for cystic irritation, apparently best adapted to the bladder difficulties of men past middle age. The cases in which we have found this medicine most useful, are those characterized by a constant teasing desire to urinate, with very little relief following micturition—cases in which the patient is compelled to rise frequently during the night, but never experiences the comfort and relief following normal urination. There is usually no acute inflammation of the urinary tract in these conditions, nor is there any discharge of mucus or pus, at least no profuse discharge. The pathological state seems to be one of irritation rather than one of acute or chronic inflammation. The age of the patient—50 or more years—always affects the prognosis, for the broken sleep and constant cystic teasing at night prevent the quiet and undisturbed rest so necessary in advanced age, and renders the patient weak, feeble, and irritable. Chimaphila has but a limited field of usefulness, but in this case the remedy is efficient beyond all others, and we should be well satisfied when we find an agent that will do one thing, meet one abnormal condition and relieve it. We often by overestimating a remedy bring it into disrepute and cause its condemnation, thus losing whatever good it might have done.

For almost twenty-five years we have given specific chimaphila in the bladder irritation of old men, and have always been satisfied with the result. True, all cases have not been cured, but all have been relieved to some extent, and the patients have been satisfied to resort to it from time to time during a number of years. In some instances the remedy has been used by the same patient at intervals for ten or more years, no other agent giving relief like chimaphila.

The medicine may also be adapted to the relief of female cystic irritation, but eryngium, apis, or triticum has always been satisfactory in these cases.

The dose of the chimaphila has usually been larger than that suggested on the regular label; our usual prescription has been one ounce of the specific medicine to three ounces of simple elix. Simple elix. is a better vehicle for chimaphila than water, also making a more pleasant mixture for administration. One peculiarity of chimaphila is that old chimaphila is much more active and efficient than the recently prepared specific medicine. We have proven this in practice scores of times. Chimaphila that has gelatinized is the best. When allowed to stand for some time, six months or a year, sp. chimaphila undergoes this change. A number of times patients have returned a prescription of fresh chimaphila, stating that the medicine was not like that which they had formerly taken. Such occurrences happened too

frequently to be regarded as mere coincidences. So that almost twenty years ago we learned this fact that old chimaphila was the best. We do not know why this is true, but any one can verify this statement who will first use fresh and then the old, in any case where chimaphila is indicated.

L. W.

SURGICAL MISCELLANY.

A CURE FOR HYSTERO EPILEPSY.—Dr. J. H. Jenkins, of Rushmore, O., placed in the Seton Hospital, the first day of this new year, a lady patient, 18 years of age, who, since the beginning of menstrual life, has been suffering with spasms not unlike those developed in severe cases of epilepsy. These spasms had been increasing in intensity and frequency for the last eighteen months, until the patient would have as high as 40 seizures in 24 hours, often remaining entirely unconscious for several minutes, recovering to find that the tongue and lips had been severely bitten during the paroxysms.

On New Year's day, I performed on this patient a complete vaginal hysterectomy, removing ovaries, tubes and the uterus en masse; also performing a circumcision or unhooding of the clitoris, and dilated the rectum, and removed all irritation from that source. The patient was returned to her room very little shocked, recovered from the influence of the anaesthesia, and was doing nicely up until midnight, when she had a very violent epileptic seizure, lasting for several minutes. The effects of this gradually passed away, and now, more than nine days following the operation, there has not been the slightest indication of a spasm. The parts have all healed nicely, and within the next week the patient will be returned to her home, cured.

I believe that many of these cases as the one recited above, if taken at the proper time before nature has formed a habit, can be successfully cured.

THE X-RAY IN MAL-PRACTICE.—A prominent Common Pleas Judge, of Hamilton County, in a trial for mal practice in the Cincinnati courts last week, admitted evidence from the shadowgraph of the X-ray. I believe this is an innovation that will eventually result in a mis trial, provided the case should go against the defendants, one of whom is a prominent young physician, recently an interne at the City hospital.

The common law rule is that evidence must be adduced from facts, stern substances and realities, and not from the shadow of a fact or substance, and the X ray operator may so manipulate the shadowgraph as to greatly disturb the appearance of the fractured bone, and make it appear different from what it really is, much depending upon the position of the plate, arm and field of the X-ray light. Perhaps I can better illustrate this by a given example, which can be observed any dark night, by a person walking underneath a suspended

electric street lamp. At first the shadow appears short and very broad ; gradually as the person advances from underneath the lamp, the figure commences to lengthen and narrow until when a few steps from beneath the central rays of the lamp, a man six feet tall will appear 20 feet tall.

It is my judgment that if the X-ray is admitted in court trials, it should be taken with the greatest degree of allowance, and that the operator should be sworn as to the position of the plate, the exposed limb, and the distance of the X-ray tube from the object shadowgraphed.

Some years ago a man was injured on the Ohio Southern Railroad, and afterwards sued the company for \$30,000 damages, on account of an alleged injury to the knee joint, making the same stiff and perfectly immobilized. There was considerable atrophy of the muscles of the leg due to non-use of the limb, for nearly a year pending the trial of the case. I had the man in charge, and at all times reported to the railway company no injury. Notwithstanding this, the man secured the services of another surgeon, and had the limb blistered several times, and walked with crutches for a year. At the time of the trial, the defense was clean cut, namely, that the man had received no injury either temporary or permanent; and on motion of the railway company, the trial judge ordered the man examined by three surgeons chosen by the court, their report to be submitted to the court before entering upon the trial of the case. The man was stripped and lain upon a table in the private room of the judge, and at my suggestion turned over on the face. Then at a pre-concerted time, one of the surgeons picked the limb up and flexed it, before the man had warning of what was to be done. The exhibition showed that the limb was readily flexed without much force, as the man being examined was not in position to resist. The surgeon made a report of the case to the court, and it was dismissed without trial.

FOREIGN REMEDIES vs. HOME REMEDIES.

In the minds of some people a thing from afar is a thing to be worshiped in accordance with its distant origin. A person who writes a paper for a home journal, and then finds it copied into a journal in New Zealand or Australia seems to feel a kind of elation over the fact that he has gained recognition so far from home. This is possibly natural, it may be commendable, but it need not necessarily be a personal credit. There are some very excellent journals in America, and in our section of America, too, and there are some very inferior ones afar off. So, too, there are some very excellent home remedies at our doors, and likewise a wilderness of unworthy stuff in outside jungles.

By the way, while on this thought the writer will venture to say, that in a time to come the study of home products, that has been our work, will be the one concerning which we as a section in medicine will receive our greatest praise. There will come a time when medicine will be viewed as an entirety; when the sections in medical research will be as friendly rivals in humanity's great field; when the differences and personalities that have been so bitter will be forgotten in the live and let live problems that open before men as they become aware of the vastness of humanity. And when that time comes, when no one section in medicine feels it is right to say that all other lines of investigation in this great untrodden field are wrong, then the patient attention that our section in medicine has given to our home remedies—to developing America's products in a therapeutical sense, will surely be placed to our credit and not to our shame. And in that time to come, and surely to come, the good things said and the worthy things done by one and all will live, while the meanness, the littleness, the things that discredit by word or act, will not less surely die, as die they should. And in it all the worthy remedies from afar will stand upright by reason of their excellence, and by their side will stand, no less firmly, the worthy American remedies to which, for seventy-five years, as an ostracised people, as a minority section in medicine, as a medical sect misinterpreted and misunderstood, Eclectic physicians have patiently given their thought, their energies, their lives. But let this pass; the object when this editorial was commenced was to lead to a special point that needs now be left for a second paper.

J. U. L.

EXTRAVAGANT CLAIMS.

We can not refrain from taking as a text the excellent paper of Dr. Watkins in the December Journal, "A Criticism," and adding thereto a word of our own. The subject of extravagant claims, or rather of unjust friendship toward a remedy, is one we have more than once mentioned in print. The attempt to make a cure-all of any one drug, in our opinion, injures the opportunities of the drug and injures also the sick who might otherwise be benefited. This gauntlet of extravagant claims, or of mistaken claims, is one that every new remedy must run, and just here many good remedies fall down. This thing of making a cure-all of a drug is opposed to our views concerning specific medication, unless it be that in removing a cause, a line of disease expressions disappears, as may often be the case. But let this pass; the subject is the wrong that is done by an illogical attempt to broaden the field of a remedy that in a direct line in its proper place is of great value.

In this direction two thoughts are uppermost, and may be expressed as follows:

1. To claim for a remedy that to which it is not entitled leads physicians to try it in this negative field, be disappointed and then desert it. It leads to distress of the afflicted, who, but for this blunder, would probably have received the remedy they should first have obtained. In either case a wrong is done the remedy, the physician who prescribes it, and the patient expecting benefit.

2. To mistake by exaggeration concerning the field of influence of a remedy injures the reputation of the physician who writes the paper. Those employing it to their disappointment view with distrust subsequent statements from the same source. To hold one's pen close to a line in which he is sure of his position, to make statements to the point, and make them clearly, is to credit one's self, benefit the profession, serve the patient, and in the end add to the curative remedies of our school, thus benefiting humanity and science.

Again we say, this criticism by Prof. Watkins is timely. Our experience is that conservatism is less to be feared than ill governed enthusiasm in behalf of a remedy. Even as we write comes a report from a physician on a new drug in which three years ago we counseled caution, a drug that has been used with circumspection by several talented and careful observers for some time, and which unquestionably will take its place among the remedial agents of the future. And yet the danger to be feared is over praise, which first distracts, next disturbs, and finally discredits.

J. U. L.

THE SETON HOSPITAL.

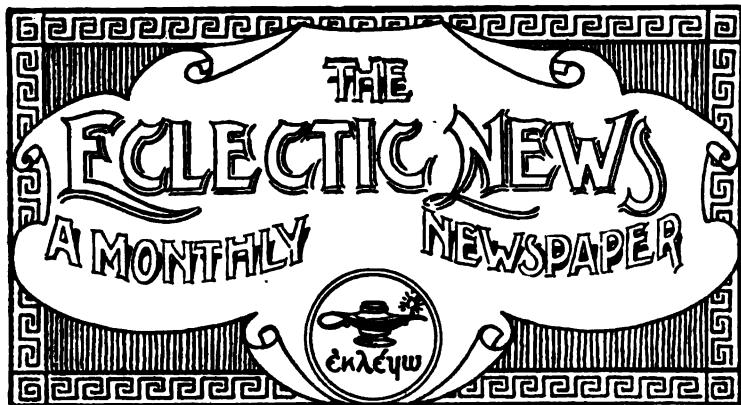
Now that this institution is in fairly running order, it may be well to say that the Eclectic profession is to be congratulated on the unexpected opportunity we have for hospital facilities, which will become the more apparent as time passes. And while we have reason for congratulation in that both profession and student have a chance such as could come in no other way, the hospital also has an opportunity to do a great work in a new field, a field that will grow in accordance with the care given by the Sisters and the energy of our branch of the profession.

It should not be forgotten by our people that one free bed is constantly at the disposal of our physicians, and we hope that this will be a worthy charity to credit a worthy object.

The object of this note is to call attention to the above points, and to say that we have the place now to care for patients, and the physicians and surgeons to give them care such as should be given.

ERRATA.—In the article of Dr. W. K. Mock in the January Journal, on page 25, "coteign" should read *cotugna*, and on page 26 "microscopically" should be *macroscopically*, also "enuria" should read *anuria*.

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BOOK NOTICES.

ESSENTIALS OF PHYSIOLOGY. By Sidney P. Budgett, M. D. 16mo, 238 pages, finely illustrated with many full-page half-tones. Philadelphia: W. B. Saunders and Co. Cloth, \$1.00 net.

This is an entirely new work and a worthy accession to Saunders' excellent series of Question-Compenda. It aims to furnish material with which students may lay a broad foundation for later amplification, and to serve as an aid to an intelligent consultation of the more elaborate text-book. The subject of Physiology is covered completely, and, the author of the work being a teacher of wide experience, the salient points are particularly emphasized. An important feature is the series of well selected questions following each chapter, summarizing what has previously been read, and at the same time serving to fix the essential facts in the mind. Nearly all the illustrations are full-page half-tones, and have been selected with especial thought of the student's needs. In every way the work is all that could be desired as a student's aid.

L. W.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS, comprising ten volumes on the Year's Progress in Medicine and Surgery. Issued monthly under the general editorial charge of Gustavus P. Head, M. D. The Year Book Publishers, Chicago, Ill. Price of the series, ten volumes, \$7.50, and of single volumes from \$1.25 to \$2.00 per volume.

This series of books fulfills in toto the requirements of the ideal year book, in completeness, seasonableness, freshness of material, ease of reference, low price. It does this by appearing in ten volumes on a definite plan and in a definite order. Vol. I, General Medicine, appeared in October, 1901. Vol. II, General Surgery, November, 1901. Diseases of Eye, Ear, Nose and Throat will take up three months,

December, January and February. Gynecology for March, etc., etc. until the field is covered.

Vol. II, General Surgery, is before us. It is edited by Prof. John B. Murphy, M. D., of the North-western University Medical School, Chicago. It contains more than 500 pages, and the price is \$2.00. The table of contents is full—no feature or department of general surgery is overlooked or slighted. The discussions and reports, though brief, are neither too short nor too long. Judging from this volume, the series will be well worth seven dollars and a half of any man's money. The only criticism we care to make is the paper; it is poor. But the type used is excellent, and the binding is good enough. The work is profusely and very nicely illustrated by photo gravures from X ray pictures.

W. E. B.

SAUNDERS' MEDICAL HAND ATLASES.

ATLAS AND EPITOME OF BACTERIOLOGY. A text-book of Special Bacteriologic Diagnosis. By Prof. K. B. Lehmann and R. O. Neumann. Edited by Geo. H. Weaver, M. D. In two volumes. Part I consisting of 632 colored figures on 69 lithographic plates. Part II consisting of 511 pages of text, illustrated. Philadelphia: W. B. Saunders & Co. Cloth, \$5.00 net.

Part I is an atlas and is the most practical book for laboratory work I have knowledge of, as it gives illustrations of the objects which are the end and aim of laboratory work. The illustrations are finely colored and of the highest class of work. Each plate shows the stab and streak culture, as developed in tubes and on plates on the various culture media, and the individual appearance of the bacteria under the microscope.

Part II is a text-book, and is separated into a general and special text. The general part refers to the science of bacteriology as a whole, such as form, growth, staining, culture media, etc. The special deals with a description of the various varieties. It describes the most important pathological and non pathological species, giving the diagnosis or differential diagnosis of each. The arrangement of the text is especially clear and desirable.

The two books are handsome, and I like them better than any of the bacteriological works I have seen, especially the atlas, which is very valuable. The books are very instructive and can not be excelled as a text for students, while the practitioner can find interesting and instructive subjects all through the volumes.

G. W. B.

AN AMERICAN TEXT-BOOK OF PATHOLOGY. Edited by L. Hektoen, M. D. Octavo, 1245 pages, 443 illustrations, 66 of them in color. Philadelphia: W. B. Saunders & Co. Cloth, \$7.50.

Physicians, as a rule, need no introduction to the series published by W. B. Saunders & Co., and known as American text-books. The work before us fully maintains the high standard attained by these books, and bears the same general and uniform appearance. The work

comprises sections by various authors, each one a familiar and well known writer on the subject treated by him. It has always seemed to the reviewer that a knowledge of pathology was essential to a correct diagnosis. This work will give you that knowledge. The book is well illustrated, and in fact a thorough up-to-date work upon pathology and pathological anatomy.

W. N. M.

COLLEGE AND SOCIETY NOTICES.

Section Officers of the National Eclectic Medical Association.

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SECTION 2. *Practice of Medicine*.—Chairman, Pitts Edwin Howes, Boston, Mass.; Vice-chairman, B. L. Simmons, Granville, Tenn.; Secretary, M. H. Logan, San Francisco, Cal.

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SECTION 7. *Sanitary Science and Hygiene*.—Chairman, Wm. P. Best, Indianapolis, Ind.; Vice chairman, Chas. M. Cannon, St. Paul, Minn.; Secretary, H. T. Webster, Oakland, Cal.

SECTION 8. *Medical Miscellany*.—Chairman, J. Paul Harvill, 1st Vice-president, Nashville, Tenn.; Vice chairman, F. W. Abbott, Taunton, Mass.; Secretary, Geo. W. Fuller, Mayfield, Ky.

Special Papers in this Section.—Climatic Relations to Diseased Conditions, by H. L. Henderson, Astoria, Oregon; Specific Medication in the Lung Diseases, by W. A. Harvey, San Francisco, Cal. Specific Medication in Infectious Fevers by H. T. Webster, San Francisco, Cal.; Specific Medication in Nervous Diseases, by J. G. Sexton, Atlanta, Ga.; Eclectic Remedies, by J. U. Lloyd, Cincinnati, Ohio.

Section 9. *Surgical Miscellany*.—Chairman, H. H. Brockman, Eldin, Mo.; Vice-chairman, E. D. Wiley, Des Moines, Iowa.; Secretary, H. H. Tucker, Chicago, Ill.

Special papers in this section.—Technique of Abdominal Surgery, by L. E. Russell, Cincinnati, Ohio; Modern Surgical Appliances, by

E. L. Standee, St. Louis, Mo.; Surgery of the Mastoids, by W. N. Mundy of Forest, Ohio; Surgical Dressing in Fractures by E. J. Farnum, Chicago, Ill.; Spinal Surgery by E. Younkin, St Louis, Mo.; Expert Testimony, by John Cooper, Lincoln, Nebr.

SECTION 10. *Clinical Experience in the Action of Drugs.*—Chairman, L. Baily, Middletown, Conn. Vice-chairman, B. J. Alexander, Hiawatha, Kans.; Secretary, L. S. Downs, Galveston, Texas.

The quarterly meeting of the Northwestern Ohio Eclectic Medical Association was held at Kenton, Jan. 7th. The program was interesting, and a number of clinics presented.

President's Address.

Fellow Members of the North Western Ohio Eclectic Medical Association: I feel proud to meet you in this beautiful city and extend to you a hearty welcome. I can recall with pleasure the first meeting of this Society I ever attended. The meeting was held at Ada, O. about 1886, and it was here I became a member. I have watched with much interest, through all these years, the progress of the society and am proud of its accomplishments. It has been no mean factor in the promulgation of Eclectic interests. Outside of the intrinsic return to those who have been fortunate enough to attend its meetings, it has been highly honored in other directions. Many of its members have been called to positions of honor and trust. It has furnished a President to the National Eclectic Medical Association and to-day one of its honored members graces the office of treasurer of the same organization. It has furnished several presidents to our state society, and today is honored with three official positions in our state organization. This sociey also has the honor of furnishing the president of the state board of health.

We have nearly 200 Eclectics in North-western Ohio, and our worthy secretary has taken great pains to obtain their names and addresses, and each has received an invitatiion to attend this meeting.

It is useless for me to elaborate on the good that may be accomplished by these quarterly meetings. Aside from the social enjoyments, which are always most gratifying to wide awake and progressive physicians, much good is accomplished by the interchange of thought on practical subjects, and the introduction of interesting clinical material. Then again we make our impress upon the community at large, by showing that we have a wide awake, progressive organization.

I desire to thank my fellow officers for their kindly aid in our efforts to make this meeting a success. We have labored arduously to this end. The meeting is now in your hands. Make the best use of the privileges afforded in the short time at our disposal, that all may be benefited, and go to our homes better prepared to fight life's battles.

W. S. TURNER, M. D.

A number of Eclectics of Florida met at Tampa, on Nov. 21st, for the purpose of organizing a State Eclectic Medical Association. The following officers were elected: G. P. Morris, M. D., DeFunick Springs, President; S. F. Smith, M. D., Leesburg, Recording Secretary and Treasurer; H. J. Hampton, M. D., Tampa, Corresponding Sec. The time and place of next meeting to be decided later by committee appointed for that purpose. G. P. Morris, M. D., Pres., S. F. Smith, M. D., Sec.

PERSONALS.

INFORMATION WANTED.—In order to complete the *History of the Eclectic Medical Institute*, now being prepared in pursuance of a resolution passed by the Alumni Association, we ask Journal readers for the following information.

1. Do you possess or do you know anyone who does possess a portrait of Dr. James H. Oliver, professor of chemistry from 1845 to 1849? Can you give us any data concerning this man, particularly the address of any of his relatives or close friends? Do you know the place of his birth, or do you know of any place he resided? He evidently left Cincinnati in 1864.

2. Do you know the address of any relative of Dr. Charles Thomas Hart, who taught physiology about the year 1859 or 1860? He died in New York city in 1888. A picture of him is desired for this work.

3. Information is wanted concerning Professor John Nelson Sanders. Has anyone knowledge of any members of his family or other relatives? We have his portrait.

Any items of interest concerning any of these men will be gladly received, on part of the committee, by Dr. H. W. Felter 1733 Chase Ave. Cincinnati, Ohio. Prompt replies are solicited, as we desire to get the history out before the next meeting of the Alumni Association, which takes place in April.

H. W. F.

DIED at his home in New York City, Dec. 31, 1901. Professor James Hervey Bell, M. D. of the Eclectic Medical College of the city of New York.

This sad intelligence came to our notice too late for last month's issue, and the recording of it at this time fills us with deepest sorrow. Dr. Bell, though a young man, having entered the field of medicine as valedictorian of his class in 1901, was foremost in the work and councils of eclecticism at the eastern center. In college work, in the societies, local, state and national, in the practice of his profession—everywhere in his relations to eclecticism and his friends—he was earnest, devoted, loyal, observant, helpful. We shall all miss him at our annual convocations, as no one can take his place. He was prominent in Odd Fellowship, and was W. M. of Darcy Lodge F. and A. M. at the time of his death. To all of his friends, social, professional and fraternal we extend our sympathy. ■ ■ ■

Dr. Wood Fulton, E. M. I. '94, died at his home in New Castle, Pa., Dec. 29th. Deceased was 38 years of age, and had practiced medicine seven years. In that brief time his name became known far and near, as a successful and generous physician.

Wm. H. Treat, Vice President of the E. B. Treat Co. Medical Publishers and Importers, died suddenly in New York on December 27th.

WANTED.—By a German speaking physician of 10 years experience, a location in a German community, in a city of from 1800 to 3000 people; would prefer either Indiana, Illinois, or Wisconsin. A suitable reward given for the information. Address,

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FOR SALE.—Physician's practice and residence in southeastern Nebraska. Only physician in town. Doing a business of \$2,000 to \$3,000 per year. Will sell for \$2,000 just what the property is worth; Eclectic preferred. Wish to retire. Address,

Dr. J. R., Box 115, Cincinnati, Ohio.

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MARSHALL B. KETCHUM, M. D., Editor, Lincoln, Neb.

The Specific Medical Society of the Georgia College of Eclectic Medicine and Surgery, presented the college with a fine picture of he late professor W. M. Durham, on December 14th, lastly an interesting program was rendered at the unveiling. Professor Durham was one of the older Eclectics in the south, was ex-president of the National Association, and for ten years held various professorships in the Georgia College.

READING NOTICES.

A REMEDY FOR SUBSTITUTION.—There can be no subject of more importance to physicians than the violation of their confidence on the part of a dishonest dispensing druggist. Law will not make a dishonest man honest, but the right law properly executed will prevent a criminal's further infliction of injury upon society. The requirement of a license to all druggists who dispense drugs or medicines, revokable upon the licensee's being convicted of substituting any ingredient drug or medicine other than, and in lieu or instead of, that specified in the prescription, order or request in writing, of any physician, would go a long way to aid in the matter of honestly filling prescriptions. Let the medical societies induce their respective

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H. W. FELTER, M. D., Cincinnati, Ohio.

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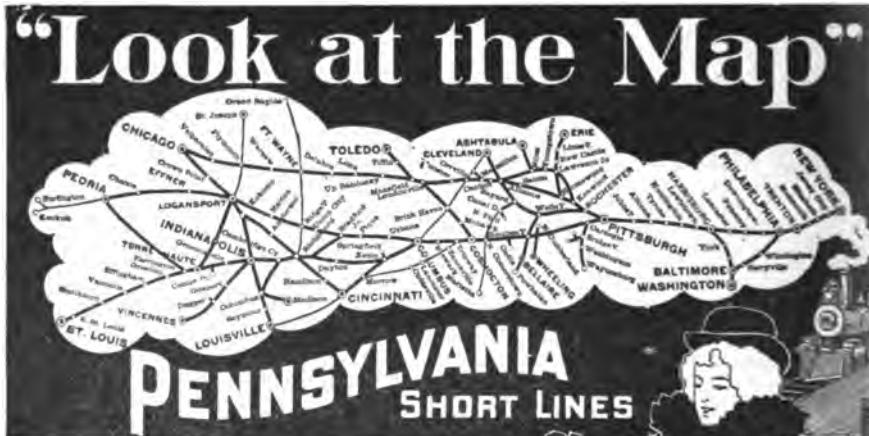
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J U D G E S.

DANIEL LEWIS, A.M., M.D., New York, President of New York State Board of Health; Professor of Special Surgery, N. Y. Post Graduate Medical School; Surgeon to the Skin and Cancer Hospital; Editor of the "Medical Review of Reviews."

CHARLES A. L. REED, A.M., M.D., Cincinnati, Ex-President American Medical Association; Ex-President Amer. Association Obstetricians and Gynecologists; Fellow Brit. Gynecol. Society.

JOHN EDWIN RHODES, A.M., M.D., Chicago, Associate Professor Diseases of the Chest, Throat and Nose, Rush Medical College; former Professor Physical Diagnosis and Clinical Medicine Northwestern University Woman's Medical College.

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State Legislatures to enact a law requiring such a license, with a simple and practical procedure for establishing the guilt, and enforcing the penalty against infraction, and the practice of substitution would soon cease.—J. D. WILLIAMS. M. D.

Urethritis is rarely a primary condition in women, but generally a complication of a gonorrhreal vulvitis or vaginitis. Local treatment of the inflamed urethra is chiefly demanded. On account of the shortness of the urethral canal in women topical applications are more successful here than in inflammation of the male urethra, if the proper remedy be selected. Micajah's medicated uterine wafers will best serve this purpose, since they are actively germicidal and also exert an astringent effect, thus destroying the gonococci and also relieving the congestion and restoring the affected mucous membrane to a healthy condition.

D. S. Maddox, M. D., United States examining surgeon, Coroner Marion Co., Ohio, says (*Med. Brief*): While looking about me for some agent which would produce satisfactory anodyne and hypnotic results without the deleterious and pernicious after-effects of opium and its ordinary derivatives, I came upon the preparation known as papine. After a somewhat extended trial of this remedy, I am convinced that it is the ideal anodyne. Although derived from the papaver somniferum it is singularly free from the objections of the ordinary opiates. It does not constipate; it does not derange the stomach; it does not cause headache: it does not induce any drug habit; it is safe and may be given to children as well as adults.

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CINCINNATI, MARCH, 1902.

No. 3.

ORIGINAL COMMUNICATIONS.

MEDICAL FAKIRS.*

By David Williams, M. D., Columbus, O.

THE noun fakie is defined "a sham or deceit," and the verb "to cheat, to defraud, to deceive;" hence the word fakir means "one who deals in shams for the purpose of deceiving, cheating or defrauding." The different forms of fakes and fakirs are innumerable, and are as old as the human race. The first fakir of which we have any account was evidently a horticulturist; at least his home was in a noted garden, and his specialty was pomology. He made his victims believe that his particular kind of apples were the finest on earth, and that simply eating them would open the eyes of the individual as nothing else could do. That he succeeded in his fake, and disposed to the poor dupe a mighty mean lot of fruit is a historical fact that has been regretted by many millions of the human race.

This fakir was the progenitor of a multitude who have distinguished themselves in the same lines as their illustrious ancestor. The men who have proven themselves pre-eminently the true sons of this distinguished sire are without a doubt named in the caption of my paper — "medical fakirs."

Those who sell the unsuspecting stranger a gold brick, or who cover his buildings with lightning rods whose points are as sharp and numerous as ever bristled from a Greek phalanx, or who flood the unsuspecting public with wooden nutmegs, or who palm off on the unwary beautifully engraved certificates of stock in worthless or imaginary mines, mills, oil wells, or railroads, rob their victims of money only, which usually consists of a surplus that has accumulated and

seeks a profitable investment. The money investment alone is lost; the medical fakir frequently robs his victim of both money and health and sometimes life itself.

There are two elements in humanity that help to make faking easy: one is the wide spread desire to get something for nothing; the other equally wide spread desire to get a bargain. It is not necessary for either class to be possessed of any sense of honor or justice, and conscience is a disagreeable and useless appendage. One does not have to train with either class long, however, before all the sense of right is obliterated, and conscience ceases to trouble.

Many people believe in signs, omens, the occult, and the supernatural. Indeed, it is surprising the number of otherwise intelligent people who cling to superstition so tenaciously that no amount of argument will overthrow their belief. Probably one of the most common of these delusions is a belief in lucky and unlucky days. Hundreds of people will not commence any important work or submit to any serious operation on Friday. They frequently do not care to let the true reason be known, but rather than submit to a violation of this firmly grounded belief, will confess to the superstition. Many are greatly troubled if they chance to see a new moon over the left shoulder. Some firmly believe that if a visitor comes in at one door and goes out at another, a death in the family is surely presaged. An intelligent gentleman, who served his country in two terms of the legislature, sternly forbade my doing this while making a professional visit, and confessed to this belief. One of the brightest of our scientists, who stands high in the professional and literary world, would rather sit up all night than occupy a room in a hotel numbered thirteen. Indeed it is the very small minority who are not influenced by some superstition which has been instilled into them by the environments of their childhood.

This might even lead to a belief in fortune tellers, witches, hoodooism, spiritualism, charms, etc., and does lead primitive people to ascribe to supernatural and occult causes all natural phenomena that they do not or can not comprehend. Disease always having been of that mysterious nature, difficult to comprehend by the laity, has been attributed to the malign influences of those spirits of darkness which can be appeased, thwarted or controlled only by some charm, incantation, prayer, or other process equally mysterious and incomprehensible. We find thousands of people making pilgrimages to some holy shrine or to the bones of some saint, bathe in or drink of the waters of some enchanted fountain. We find them flocking to the magnetic healers as we saw them a few years ago in our own city, crowding the Board of Trade Auditorium. The believers in faith cure are numbered by the thousands; they who believe in prayer at so much a prayer. Thousands are devout followers of Mrs. Eddy in her so called Christian Science (which is neither Christianity nor science), who say they believe there is no such thing as sickness or pain, but that all is a delusion of the mortal mind. This being true of the

overnumbered public, is there any wonder that the medical fakir finds his field of operation fertile, easily cultivated and very productive? In fact, the prevailing condition gives emphasis to the old saying: "The public is a goose, and he is a fool that does not pick her."

Medical fakirs may be divided into two classes, viz., those who deal in fake remedies or nostrums, and those who are fakirs themselves. To the first class belongs that great multitude who deal in secret formulae for the cure of incurable diseases. The more hopeless the disease the more positive is the assurance of a cure. Consumption, cancer, Bright's disease, hernia, hemorrhoids, and tapeworms have probably yielded the richest returns to this class of medical fakirs. The papers are filled with their advertisements which make claims that are both ludicrous and preposterous. These are admitted to the columns of papers which profess to stand on a very high moral plane, and which would be grossly insulted if we were to intimate that they were dominated by a spirit of commercialism just like other papers which make much less pretensions to goodness. The family read in their church paper that the Rev. Pious Stickum, a retired missionary, whose office is in the Bible House, while in India, discovered an absolutely sure cure for consumption which he is anxious to communicate, *free of charge*, to every poor sufferer who will write him and enclose a two cent stamp. The victim, who is grasping at every straw in his blind and hopeless struggle for life, complies, and receives by return mail the working formula for the preparation of this wonderful medicine. There is a foot-note to the prescription which says: "If you have any trouble in getting this prescription filled, we will furnish it to you free of all expense at ten dollars a bottle." The prescription is made up of a half dozen well known remedies, and one, *the essential one*, is not found in any pharmacopoeia or drug house in the world; hence can not be filled by any druggist. The result is that the poor dupe, with death staring him in the face, will send that lying fakir ten dollars if he can raise it, and get in return a nostrum that will not delay the fatal issue one hour, and if the friends come back at the Rev. Stickum, he piously assures them that the remedy is all right, but the victim began using it too late.

The treatment of cancer, hernia and hemorrhoids without the knife, no pain or interference with business, warranted to cure, no cure no pay, has been very profitable to the vampire who feeds on human blood, but of unmeasured and unmeasurable disaster to the poor confiding dupe whose suffering and hopelessness make him an easy victim of the unscrupulous yet plausible villain. These with the tape worm catchers, who catch the worm while you wait, may partake of the nature of both classes of medical fakirs that I have named. The tape worm fakirs are generally found on the street corners, or frequent the fairs, often with showy turnouts and music. They generally dress well, wear shiny plugs, good clothes, have long hair and smooth tongues. According to them nine-tenths of the human family have

tape worms that are devouring their vitals. Indigestion, pain in the head, palpitation of the heart, cramps of the muscles, dizziness, paralysis, disappointment in love and failure in business, are all caused by this dreadful monster who has his abode in the poor wretch's "innards," and nothing can save him from an untimely grave but a bottle of this marvelous magnetic tenia troucer, which will drive the "serpent" from his stronghold just while you wait. A few drops of croton oil in the wonder worker does the business. The "doctor" and the doctored return after a brief retirement, bearing with them a fine specimen of the *tenia solium*, which is placed in a jar, and duly labeled as having been captured in the internal wilds of Mr. Simeon Punkinhead, whose photograph will soon adorn the public prints.

The "doctor" fails to inform his gaping hearers, however, that this same tapeworm has performed a like valuable service for him in at least twenty former cases of brilliant cures, and will probably do like service in twenty more.

The treatment always gets a tape worm, when given under the personal supervision of the "doctor" but never at other times. Rubber imitations of worms are on the market which these enterprising fellows use freely, and the fees they usually obtain are ten to fifty dollars a worm. "The Public is a goose, and he is a fool who won't pick her".

There are hundreds of different fake remedies which are thus pushed by men who are entirely outside of the medical profession. Nearly all patent remedies belong to this class. Some few are good formulæ and in a limited number of cases do good, but nearly all are extolled as curealls and depend upon advertisement for their sale.

The other class of medical fakirs is composed of members of the profession who do not necessarily deal in fakes, but are fakirs themselves. They are "shams and deceits". A quack has been defined : "One who pretends to be what he is not, or pretends to do what cannot be done". What are all quacks but medical fakirs? These men are not always the uneducated, the illiterate, but many hold degrees from literary, scientific and medical colleges of the highest order. They however "pretend to be what they are not, or pretend to do what cannot be done". Their advertisements fill the newspapers, glut the mails, and are found on every door step. They do not hesitate to announce themselves as the superiors of all others. Their skill is marvelous, and their success borders on the miraculous. All others are as babes compared with them. People are asked "why do you spend your money, and risk your lives with common doctors, when the unparalleled skill of Dr. Bombast is at your command?" It is not very long since these fellows visited every city and hamlet in Ohio, and would be doing so now, were it not for the medical laws of the state. In order to carry on their business they must live in the state, and must register their certificates in every county to which they remove their offices. There is not now one traveling fakir in

this state, where there were ten before the registration laws went into effect. But this class is not entirely filled by the traveling advertisers. There are those in the regular profession who hold their heads very high, and who conduct their business without openly violating the letter of the code, but who are as far from its spirit as is Satan from the golden rule. I do not use the word "regular" here in any sectarian sense, but in the broad catholic spirit that knows no sect or school in medicine. Fortunately no school of medicine can boast of a monopoly of fakirs. Apply the rule given, "one who pretends to be what he is not, or pretends to do what he cannot do, or what cannot be done", and how many fakers in the medical profession have you met during your professional career? You can recognize them by many ear marks. They pretend to a knowledge that they do not possess, and, by looking wise and saying little, (only when with those whose ignorance is more dense than their own), they obtain a credit for wisdom that is unspeakable. This comes from the fact that people seldom or never estimate a man at his true worth. Usually, strangers are over estimated, while those who are well known are under estimated. The great teacher simply enunciated a well known truth when he said, "a prophet is not without honor save in his own country" A physician will receive confidence in his ability from a community of strangers, far sooner than he will from the community in which he was born, however thoroughly he has prepared himself for his work.

The kind of medical fakirs of whom I am now speaking, do best where they have not been known. Those of you who have read the "Auto-biography of a Quack", by S. Weir Mitchell, M. D. know the history of fakirs as given by one of the most beautiful writers of the age. A synopsis of this work would fit well in my paper, but I forbear. You have met these men in consultation. You have seen the adroitness with which they have endeavored to impress the patient with their own mightiness and with the insignificance of the doctor in charge. They forget that superior knowledge should make them humble in the presence of the vast unknown, for he who has studied the hardest, and the longest, and to the best advantage, knows that he has only drunk a few drops from the boundless ocean, and the little he has learned, makes the vast unknown more apparent.

You have also watched these men in their methods of business, how well they can conceal their short coming, by a brazen assumption of knowledge that they do not possess. They are generally very careful not to commit themselves to paper where their knowledge can be weighed and tested. One of these characters, from the southwestern part of the state, who had posed as a learned member of the learned profession for about sixteen years, in an hour of weakness had been led to furnish the pension department with an affidavit showing forth the disabilities of an applicant for pension. The paper was gotten up in due form and sworn to before the clerk of the court,

who had attached his official seal, as is required in such cases. After naming all of the organs which are commonly supposed to be contained in the human anatomy and describing their diseased condition he added that the applicant had a large ovarian tumor upon the liver. When the State Board of Medical Registration and Examination rejected his application he appealed to the governor and attorney general, who, in the face of this great scientific discovery, sustained the board in its action. This is only one of many such cases which present themselves for certificates. These fakirs have not profited by, even if they have ever read, one of the injunctions of the greatest of all writers on ethics, who in the first century, wrote to every man, "not to think of himself more highly than he ought to think", thus recognizing a human weakness which is, probably, as prominent among American doctors as it was among the ancient Romans to whom he wrote. The overwhelming egotism which is the principal constituent in the character of every fakir, leads him to say, and to do, anything he believes will enhance his own glory regardless of the true interests of his patients, and with no thought whatever of dealing justly with his fellow practitioners. He always finds his patients at death's door, with nothing but his marvelous skill to bar the way. The diseases with which his patients are afflicted, always have the most euphonious and high sounding names, and, when his cases recover, nothing saved them from an untimely grave, but the fact that he was called just in the nick of time. If he is called to a patient who is just breathing his last, no matter how skillful and faithful has been the treatment, or whether there has been any treatment at all, he endeavors to make his friends feel that the patient could have been saved if only he had been called in time. Egotism and fakirism are almost synonymous terms, and are generally the manifestations of very superficial knowledge or of the grossest ignorance.

There is nothing in ethics that would demand of a man to underestimate his attainments or his abilities, but there is far less danger to himself or to society in this direction than in the other.

Can anything be done to suppress this evil? The first class of offenders are far more easily reached than the second. Since the law of 1896 was enacted, hundreds have been compelled to desist, or have been driven from this state. Laws controlling the sale of patent medicines, would do much toward it. The pure food laws have been so constructed that much good has been done through them. These can be extended so as to reach still further. The present law has really only begun its work, but its beneficent effect is already seen. The requirements for entrance to medical colleges are laying foundations broad and deep, for a higher class of medical men than have ever before entered the profession. If we hold to what has been already attained, there will come a time in Ohio when the ignorant and uneducated physician will not be found. This will not work the hardship now to the poor, but ambitious young man who desires to

enter the profession, that it would have done thirty or forty years ago, for facilities for a liberal education are now within reach of any who will grasp them.

Placing the examination of physicians, who desire to practice in Ohio, in the hands of a board that is in no wise connected with the medical colleges, is another important check to the admission of fakirs. To many medical colleges, the graduating fee and other commercial influences, have led to too much leniency in their final examinations, and many who glide easily through this net are caught by their gills when they endeavor to pass an unbiased board.

This law, without a doubt has done much, and will do much more, toward diminishing the number of a certain class of these medical fakirs, but those already within the sacred folds of the profession will remain, and will continue to flourish like a green bay tree until the millennium shall come when all men shall be true and honest, and there shall exist nothing in all the world that shall hurt or make afraid.

The law cannot make men honest, nor can it crush out fakirism. The people must be educated to distinguish between the true and the false, the gold and the tinsel, the honest and the dishonest.

SYPHILIS OF THE SKIN.

By E. H. Moore, M. D., Rew City, Pa.

[Continued from page 94.]

TERTIARY SYPHILITIC ERUPTIONS.—There are two forms of the large, flat syphilides, which appear from two to four years after the initial lesion. The first form is superficial, with infiltrated base, surrounded by a copper colored areola. They break down early, ulcerate, become covered with the characteristic crusts, which in this case are flat. Their principal location is on the back and shoulders, although they may be general. They run a mild course and leave small cicatrices and are without subjective symptoms. The other form of the large flat pustules are deeper seated, surrounded with a dark areola, soon form deep ulcers, with infiltrated edges, and become covered with dark green or yellow crusts, which are conical in shape, resembling rupia. The eruption may be confined to one side of the body. It is quite severe and indicates a bad condition of health. Large cicatrices form which disfigure the part. Subjective symptoms are absent, unless the sores are so situated as to give pain on movement of the joints.

TUBERCULAR SYPHILIDES.—This eruption belongs to the tertiary stage, but may occur in the secondary. It usually appears from the second to the fifth year of infection. If it makes its appearance in the early part of the disease, it is more apt to be scattered over the greater part of the body, but when it occurs late, it is mostly confined to the face, neck and shoulders, where it is found in groups of a few

tubercles, varying in size from that of a split pea, to a chestnut, or walnut. They are round, oval, kidney, or crescent shaped, dark brown in color, smooth, glistening, and originate in the corium, but extend into the sub-cutaneous tissues. They reach their full growth in four or five months, when they disappear by absorption, fatty degeneration, or ulceration. The ulcerative process may begin on the outside, or inside of the growth, but in all cases complete the destruction of the whole tubercle. The ulcers may be superficial, or deep; their edges are dark-red, infiltrated, and their base is covered with gray, yellow, or green secretion. When a group of tubercles unite and ulcerate, they form irregular patches, or serpigenous lines. Repair begins by granulation and proceeds from the edges to the center, leaving large, smooth, shining cicatrices, which are depressed below the surface of the skin. This ulcerating process may be complicated with warty growths, which spring up around the edges, or on the base of the ulcers.



This photograph, taken from nature, represents tertiary syphilitic lesions 17 years after the initial sore. The right leg shows an ulcer five or six inches across, which has eaten down deep, exposing the tendons. The left leg (not shown in the picture) shows scars resulting from an ulcerated condition of a year ago. The entire skin has been destroyed from the knee down to the ankle, except a strip 1½ inches wide, running down the back of the leg. It healed in six weeks' time under daily applications of pure carbolic acid, with seemingly less than the usual amount of scars.

GUMMATOUS SYPHILIDES.—The gummatous syphilides consist of two varieties, the superficial and the deep, and originate in the sub-cutaneous tissues. The deep ones can be felt and outlined, but cannot be seen on the surface of the skin. The superficial variety commences as small, round, solid tumors, which are slightly movable beneath the skin and are painless. They increase to the size of a filbert or walnut, completing their growth in three or four months, when

they disappear by reabsorption, or ulceration. If they ulcerate they first become immovable beneath the skin, slightly painful, liquefy, then break open, discharging some purulent and bloody matter which continues to discharge until an ulcer is formed, which occupies a larger surface than the tumor, and is covered with yellow or sanguineous exudation. They continue to deepen, and to destroy underlying structures, finally healing by granulation and the formation of depressed scars. Gummatus tumors appear late in the tertiary stage, and are most apt to occupy the sides of the neck, thorax, abdomen and flexor surfaces of the legs, but may select any part of the body except the soles of the feet, and palms of the hands. These tumors are usually single, but may be multiple. They heal very slowly.

CONGENITAL SYPHILIS.

The initial lesion never appears in congenital syphilis, but all the other skin manifestations that belong to the acquired form, as well as some additional lesions are liable to appear. If a child shows syphilitic symptoms at birth, it is wasted, badly proportioned, has enlarged spleen and liver and may have separation of the epiphyses, bullous eruption of the wrists and ankles, snuffles, fissured lips and a high pitched syphilitic cry.

The child may be born healthy, but in a few weeks develops syphilitic rhinitis, which will seriously interfere with nursing; the mucous surfaces of the nose and eustachian tubes may ulcerate, resulting in necrosis of the nasal bones, deformity of the nose and deafness from implication of the ear.

The skin becomes sallow and syphilitic eruptions soon make their appearance. The child becomes wakeful, restless and possibly hemorrhagic. At the end of a few months, syphilitic iritis is apt to come on. Congenital syphilis may result from the infection of either or both parents, yet it is possible for the offspring to be healthy, regardless of the parental disease.

Of the late visceral lesions, we will make no mention, as they do not belong to an article of this nature and should be studied where the subject is handled in its entirety.

Diagnosis.—The initial lesion is known by the history of a suspicious intercourse, its location, indurated base, by its being single, painless, not auto inoculable, and by the swelling of neighboring lymphatic glands, which are painless and do not tend to suppurate. Soft chancre are multiple, auto-inoculable and accompanied by swelling of the glands, which are inflamed, painful, and usually go on to suppuration. Eczema would be multiple, accompanied by exudation, crusts and severe pruritis. Herpetic eruptions are multiple, vesicular and attended with neuralgic pain. The chancre, when urethral, is sometimes overlooked and the first manifestations we see are the

SECONDARY ERUPTIONS.—If the initial lesion has been seen, the secondary eruptions are to be expected, and are easily recognized. The secondary syphilides soon display the "copper color" and their bases are indurated, with the single exception of the macular form, which consists of mere local congestions. The lesions are symmetrical, free from subjective symptoms, become more elevated above and deeper seated in the skin as each succeeding eruption appears. There is also a great tendency to polymorphism. All papular diseases that might be mistaken for syphilis are accompanied by subjective symptoms, as also are the pustular, whereas syphilis gives no annoyance in this direction. Other skin eruptions may be present at the same time as the syphilitic, but a study of the symptoms of the various similar eruption, will make the diagnosis clear.

TERTIARY ERUPTIONS.—The tertiary lesions invade the deeper layers of the skin and subcutaneous tissues, are mostly painless, are copper colored, fewer in number, inclined to group, form in circles, or parts of circles, and are frequently asymmetrical. The tubercular form is diagnosed from leprosy by lack of anesthesia, and swelling of the ulnar nerve; from lupus by its more rapid growth and history of preceding eruptions. Acne appears in young subjects, lacks history of syphilitic infection. The lesions of acne appear and disappear with more rapidity, are smaller, do not group, and are quite sensitive to the touch.

Squamous syphilides might be mistaken for psoriasis, but the latter will undoubtedly have a history of former attacks, is covered with bright silvery scales, and does not attack the palms of the hands nor soles of the feet, unless by extension of the general disease.

Gummata are so easily recognized that little need be said regarding them. They originate in the subcutaneous tissues, gradually elevate the overlying skin, to which they finally become attached. They may resemble an abscess, but the latter is more rapid in its development, is painful, and goes on to suppuration.

Hereditary syphilis is recognized by the poor development of the child, the old looking face, the appearance of secondary eruptions, nasal deformity, and later the appearance of the permanent two middle upper incisors—"Hutchison's teeth"—which are either peg-shaped or notched and narrowed at the cutting edge.

Prognosis depends first on whether or not the patient is willing to follow the directions of his medical adviser, and continue treatment until he is considered entirely free from the syphilitic virus, which condition can not be reached under three years, the last year of which must be without any manifestations of the disease. In acquired syphilis, if the patient is otherwise enjoying perfectly good health, and follows directions—hygienic, dietetic, and medicinal—his chances are good, both as to the prevention of many of the skin rashes, and later visceral lesions; and just as far as there is deviation from any of these conditions, just so much are his chances diminished. As

regards hereditary syphilis, the child may die in utero, at birth, or in a few days after birth. The better the condition of the child at birth and the longer the skin eruptions are in making their appearance after birth, the better are the chances for life and fairly good development. The development of syphilitic children is usually more or less defective both physically and mentally, and they are more apt to contract other kinds of diseases than the children of healthy parents.

Pathology.—Syphilitic lesions are the result of new cell growth, which may invade any organ or tissue of the body, and is produced by the irritation of the syphilitic microbe. The growths are slow in development, remain stationary for a time, then either break down or are re-absorbed.

In justice to himself, a physician cannot accept a case of this kind for treatment, unless he has been able to convince the patient of the gravity of the disease, and has perfected an agreement with him that he will continue the treatment and follow directions until discharged. Treatment must be adopted according to the stage of the disease, but presuming the patient to present the initial lesion, we will proceed from this point. Regardless of school, all physicians choose such remedies as will act with most rapidity in removing any present manifestations of the disease, and principal among such remedies will be found mercury, arsenic, and iodide of potassium. All alcoholic stimulants and tobacco should be forbidden. The patient should keep clean, keep regular hours, and indulge in no dissipating habits. He should also be advised of the danger of infecting others by the use of table and drinking utensils, and urged to use care in avoiding such an accident.

Internal Treatment.—The patient should be immediately put on the use of mercury in some form, which in most cases should be continued throughout the first and second stages of the disease. I have had the best success with the proto-iodide of mercury in one-twentieth to one fourth grain doses one hour after each meal. The biniodide may be given in one-sixteenth to one-fourth grain doses in the same way. The administration of the two preceding remedies should be governed by the ability of the patient to stand them. Where the above remedies do not act with perfect satisfaction, the sulphide of arsenic can be substituted in doses of 1-60 to 1 15 grain. When arsenic is administered the bowels should be kept regular, and for this purpose the antibilious powder is very good. The treatment should be continued for several months; the patient may then be permitted to take short intervals of rest.

Under the foregoing treatment, if the eruption should become red and show signs of great irritation, the patient may for a time be put on phytolacca and stillingia, alternated with 1-60 grain strychnine tablets. The vegetable tonics and alteratives may in many cases be used with advantage. For the later syphilitic lesions, if the patient can stand the depressing influences, biniodide of mercury and iodide of

potassium may be used, alternated with some form of tonic treatment. The iodid of sodium is sometimes better borne, and gives more satisfactory results than the iodid of potassium.

Treatment.—The treatment of congenital syphilis does not materially differ from the acquired, only in the dosage, which must be decreased in accordance with the age of the patient. The gray powder will be sometimes used with advantage in this form of the disease. It is composed of mercury one part, and chalk two parts; it is sometimes made with the addition of honey. Gilbert's syrup is a convenient form for young children. It consists of biniodide of mercury gr. j, iodide of potassium $\frac{3}{2}$ ss, aqua dist. $\frac{3}{2}$ ij. The dose for a child under three years old, being gtt. v to x, three times a day, and gradually increased. The danger of infecting others must be considered in congenital syphilis, and a wet nurse must not be employed. The mother's milk should be employed if possible, and if not, cow's milk properly diluted can be substituted.

Local Treatment.—The initial lesion should never be cauterized nor burned, as no hope can be entertained of destroying the disease by this means, and the patient is thereby subjected to unnecessary annoyance. The lesion will disappear with internal treatment, or without treatment at all, but to satisfy the patient, a dusting powder composed of iodoform $\frac{3}{2}$ ij, oxide of zinc grs. xx, pulv. starch $\frac{3}{2}$ ss; rub into a fine powder, use daily and dress with cotton; the chancre will soon disappear. For buboes, R :—sp. polymnia $\frac{3}{2}$ ij, unguentum hydrargyrum $\frac{3}{2}$ ij, vaseline $\frac{3}{2}$ j, make ointment, wash parts with hot water, dry with rough towel and apply with friction each night.

Mucous PATCHES.—These should not be cauterized as, scars will result. One-half or full strength peroxide of hydrogen may be used to cleanse the ulcerated surface, then chloride of potassium and hamamelis, in dilution may be used as a gargle. R :—Sulphur $\frac{3}{2}$ ij, pulv. licorice grs. xxv, Lloyds asepsin grs ij; triturate and divide into twenty powders, let one powder dissolve on the tongue, four or five times a day.

ULCERS.—When the skin alone is destroyed, I have had very good success with frequent applications of pure carbolic acid to the denuded surface. Under the same conditions, Mayer's ointment has accomplished very good work. When the skin and subcutaneous tissues are involved, stimulating, but not destructive agents should be employed, but the principal dependence must be placed on the internal administration of iodide of potassium. I have not aimed to give a very exhaustive treatment of this disease, but will say that an intelligent selection of remedies, to suit existing conditions, can easily be made from an eclectic standpoint.

PNEUMONIA : REPORTS OF CASES AND THE TREATMENT.

By J. W. Welker, M. D., Mattoon, Ill.

THE vital function of the lungs is to aerate and depurate the blood, and any impairment of that function is attended with consequences which are disastrous in direct proportion to the amount of impairment. If a number of bronchioles are plugged up so as to exclude the air from the pulmonary vesicles to which they lead, or the vesicles themselves are infiltrated, it makes no practical difference whether the plug is of mucus or fibrin. In either case, the function of the part involved is impaired, and the act of respiration is to this extent curtailed. The etiology of the two varieties of pneumonia therefore only shows a distinction without a difference. While lobar and lobular pneumonia exhibit but trifling differences in their causation and symptoms, their morbid anatomy reveals marked peculiarities which serve to distinguish the one from the other.

In croupous pneumonia the pathology does not differ materially in the child and adult. There is first hyperemia or congestion, followed by solidification or hepatization, the affected tissues being of a brick color, friable, and resembling liver. The hepatized lung is swollen and shows the imprints of the ribs on its surface. Slight pressure causes a very little bloody fluid to ooze from the cut surfaces without a trace of air bubbles. Sections of lung which have escaped inflammation have a streaked or speckled appearance, which is due to the bronchi and their vessels. Projecting from the cut surfaces are multitudes of minute elevations, which are the aveoli distended with a viscid exudation. Under the microscope this exudation is seen to be composed of a granular form of albuminoid matter, with red or white blood corpuscles and an abundance of new cell-formations in the air vessels. The morbid appearance of the third stage, or the stage of grey hepatization, is variable. This is the stage of resolution or absorption, yet it may retain many of the characteristics of the preceding stages. The lung is still solid and contains no air, but gradually the infiltration undergoes liquefaction and absorption.

The lesions of lobular or broncho pneumonia differ somewhat from those described, especially when occurring in children. There is a greater dissemination of the morbid changes. The bronchial mucous membrane is more markedly involved and pours forth an abundant secretion, which naturally finds its way to the most dependent portion of the lung. The inflammatory process not being restricted as in lobar pneumonia, spreads irregularly in various directions. It invades the bronchioles, and the air cells, and spreads also outwardly to the bronchial walls, and the surrounding connective tissue. From this it will be seen that lobar pneumonia is pathologically a primary affection, involving the parenchyma of the lungs and showing but little tendency to involve the bronchiole or the vesicles, while lobular or broncho-pneumonia is, as a rule, a secondary affection, involving

the bronchioles and then the alveoli by an extension of inflammation along their mucous lining. Lobar pneumonia produces solidification of pulmonary tissue by blood stasis, lobular pneumonia by increased formation of cells, pus, or other products of inflammation. Lobar pneumonia may be associated with bronchitis; lobular pneumonia is always so associated. The former always involves a whole lobe or lobes or a goodly part thereof, while the latter may involve but a small portion of the lobe.

In order to illustrate my present method of treating the two forms of pneumonia I have subjoined the following case:

Case.—Mrs S. aged 23 years, seen January 10: lobular pneumonia. Pain in the left side, coughing blood, and severe headache. Temperature 104; pulse 120; bryonia 10 drops, in $\frac{1}{2}$ glass of water, one tea-spoonful every two hours, and four drops of veratrum vir., and heroin 1-20 grain every four hours. In the course of six hours the pain in the side and cough were relieved. January 11th, temperature 100; pulse 80; I gave heroin, 1-20 grain, veratrum vir. 4 drops, bryonia, 1 drop, every four hours. January 12th, the patient was much improved. Heroin 1-20 grain, every four hours, and veratrum vir. 2 drops, every two hours. On the above treatment the patient made a rapid recovery, and in ten days was discharged, well.

ELECTRO-THERAPEUTICS.*

By J. R. Spencer, M. D., Cincinnati, O.

[Continued from page 82.]

ELECTRO-SURGERY is the use of electricity as a means of treating surgical diseases. Operations by means of electricity are spoken of as electrolytic operations. This is correct when the term electrolysis is taken in a broad sense, meaning the decomposition of inorganic as well as organic substances, and of animal tissues, either in health or disease, living or dead. Chemically speaking, the term electrolysis means the decomposition of compound substances by electricity. The ordinary form of electricity that is used for electrolytic operations is the galvanic current, the current that is obtained by chemism.

The faradic current can be used in connection with cautery work, but that current is not available from the physician's apparatus for electro-therapeutic work, as the electricity necessary to heat a knife requires a large volume but not a high pressure, as is found in those batteries.

The surgeon uses the galvano-cautery in his operations. This is a platinum wire shaped to suit the purposes for which it is needed. It is heated by the electricity passing over it, according to the law that

* This article is one of the series that is being published in the E. M. Journal on Electro-Therapeutics. It was read before the National Eclectic Medical Association in 1901, and is reproduced from the Transactions of that Society.

heat is generated in any conductor in proportion to the resistance of that conductor, and the amount of electricity passing over it. A small platinum wire offers a great resistance to the flow of the current, and when heated it is not oxidizable and retains its form and shape. For this reason it becomes the very best of materials for cautery purpose.

The galvanic current is obtained from the ordinary cautery battery, or from storage batteries or accumulators. The cautery battery is constructed usually of very few cells; most of them have no more than eight cells and some of the very best have but two cells. A strong current of electricity is needed in cautery work, therefore cautery batteries are constructed with a view to exposing large surfaces of zinc to the action of a strong acid for its generation.

Storage batteries or accumulators may be charged from primary batteries or from an incandescent lamp circuit. In cities where a low pressure street current is available from which to charge them, the storage battery is preferable, but in small towns and in country districts, the galvano-cautery battery is much more constant and convenient. More recently, the incandescent lighting current, which is used for lighting purposes, has been utilized for cautery purposes by means of a rheostat. With this instrument the strength of the current can readily be controlled, so that only the amount of electricity necessary to heat the knife to a requisite temperature, is used. The action of the rheostat depends upon the resistance that it throws into the circuit. Great care should be used not to burn off the wire.

A very convenient method of cauterization is that of the actual cautery, as it is small and portable. The galvano-cautery has two advantages over the actual cautery: 1st. The knife in a galvano-cautery can be placed in position before heating; 2nd. The degree of heat can be regulated better. The operator with a galvano-cautery will need proper holders, knives, loops or burners, to suit the needs of any special case.

Before any important operation the surgeon will do well to see to everything connected with the source of electricity and all the necessary instruments for the operation, so nothing will fail him at a time when he most needs them. Everything in detail will need his careful thought and supervision. It is proper to remark at this point, that the writer of this paper does in no way advise the use of electrolytic operations as a substitute for the proper use of a surgeon's knife; it is written for the purpose of giving some information upon this subject to those who have given it but very little thought, and to point out some of the surgical cases that can be treated better by the means of the galvano-cautery.

Possibly no more accurate summary can be made of the pathological conditions which can be successfully or beneficially treated by electro-surgery than was given by Dr. R. Rockwell in his Medical and Surgical Electricity. The following is a correct report of that summary.

1. Removal of tumors of various kinds in parts that are not readily accessible to the ordinary methods of extirpation, pediculated tumors of the larynx, polypi of the larynx, and of the naso-pharyngeal space, vagina, rectum and uterus. Malignant tumors, in any accessible position, may be removed by the galvano-cautery to avoid hemorrhage.
2. Amputation of diseased organs or parts of organs, like the neck of the uterus, tongue, etc., as palliative.
3. Cauterization of ulcers.
4. Cauterization of chronic inflammations of mucous membrane, in the urethra, nasal passages, conjunctiva, etc.
5. Cauterization of cancerous tumors to stop hemorrhage.
6. Cauterization of the base and tissues surrounding malignant tumors that have been previously removed by the knife or ligature.
7. Cauterization of erectile tumors so as to cause coagulation, absorption, and in some cases, sloughing.
8. Treatment of fistula by cauterizing the walls of the fistula alone or by cauterizing surrounding parts.
9. Treatment of prolapse uteri by cauterizing the vaginal walls, causing inflammation, suppuration and cicatricial contractions.

There is no doubt that some of the pathological conditions just named can be treated by other methods as well, or possibly better, but many of them can be more successfully treated by the galvano cautery. Pain attending the introduction of needles or of treatment in different ways will sometimes be so great that an anesthetic may be necessary; local anesthesia will usually be all that is desired; this can be produced by an ether spray, or a spray of ether and carbolic acid in equal parts, or a 4 per cent solution of cocaine. Children are very apt to be afraid of a cautery apparatus or instruments of any kind, which makes it necessary in operating upon them to give general anesthetic.

The removal of a goitre by the knife is a formidable and bloody undertaking, and one from which the average surgeon shrinks. Many of these unsightly enlargements can be successfully removed by the electrolytic operation. This treatment consists in the introduction of a needle into the enlarged gland which is connected with the negative pole, and use as much electricity as the patient can bear well. This should be done twice or three times per week, until the tumor is reduced in size or removed entirely. Many cases will get well, most will be benefited, and some will not be materially changed by this treatment. External electric treatment alone will dissipate some cases of goitre, and will reduce in size many others, and remove that sense of suffocation or choking that goitre often brings.

Benign cystic tumors can be removed by treatment with electricity. The needle should be introduced into the tumor, and as strong a current used as can be well borne. The cystic contents will be decomposed and absorbed; the wall of the cyst will also undergo degeneration and absorption will follow.

Polypi, in accessible locations, can be removed without difficulty by means of the galvano-cautery wire loop. The loop should be placed in position before the current is applied. Cancerous tumors should be removed with the knife when possible. The galvano-cautery applied to the hardened edges of these destructive growths will retard their invasion of healthy tissue.

Bleeding vessels in cancerous developments can usually be closed by the application of a heated platinum wire. A strong current of 40 or 50 milliamperes, applied to a cancerous breast, with clay electrodes, will often relieve the awful agony that is very frequently present in that disease.

Bed sores, varicose ulcers and burns can be induced to heal or be materially improved by being caterized by the galvano-cautery. The application of a galvanic or faradic current of ordinary strength to this class of sores, by means of a sponge electrode, will improve the nutrition and circulation in those parts and induce them to heal in many cases.

The removal of superfluous hairs can easily be accomplished by electrolysis. The galvanic current is used. A pair of tweezers is needed to seize the hair; a needle holder, containing a very fine irido platinum needle is connected with the negative pole of the battery; the hair is grasped by the tweezers and the needle is introduced by the side of the hair into the follicle; the patient then places the positive pole in the palm of one hand or on some part of the body; within a few seconds some hyperæmia, followed by a slight blanching and a little froth, will appear around the needle, and within one minute the hair will become loose in the follicle and be easily withdrawn. The strength of the current necessary will vary from one-half to two milliamperes.

There are some other pathological conditions that can be beneficially treated by the methods just described, but lack of time forbids any further discussion of them at this point.

DYSMENORRHœA.

By W. N. Mundy, M. D., Forest, O.

DYSMENORRHœA, or menorrhagia, means painful menstruation. The term is used to signify any or all the painful sensations associated with the function of menstruation. It is a symptom of a pathological condition. A woman who is in perfect good health ought to menstruate without pain.

Etiology and Pathology. The old classification of mechanical, inflammatory and neuralgic dysmenorrhœa quite fulfills the demands of modern views of the etiology and pathology of the present time.

The mechanical includes those cases due to an obstruction to the outflow of the blood from any stenosis of the outlets or from a flexion. It includes hereditary obstructions as well as those that

are acquired. Many writers classify the cases into the mechanical and neuralgic, and others again as those arising from hereditary causes, disease, occupation and trauma. The first and third classes would in the great majority of cases be mechanical. The second would be either mechanical, inflammatory or neuralgic; and the third usually neuralgic.

Some writers view the condition as a neuro-muscular phenomena, the condition resulting in a spasmotic pain, which usually ceases when the flow starts, hence the name "menorrhagia."

The conditions found are many and complex. Defects in the structure of the reproductive organs, such as imperforate hymen; bands or septa in the vagina or an occluded os are among the many pathological conditions mentioned. Tumors, inflammatory diseases of the tubes, ovaries or peritoneum or endometrium, flexions and cicatricial stenosis of the os are also but a few of the conditions found. In other cases no mechanical obstruction or gross pathological condition may be found at all, the condition depending entirely upon some neurotic, or vaso-motor disturbance.

Symptoms.—The pain differs in its occurrence, intensity and duration. It occurs most frequently from one to three days preceding the menstrual flow. With most women the appearance of the flow means a relief of the pain. Occasionally it continues with all its intensity throughout the flow and until the pelvic congestion has ceased. The intensity of the pain varies from a continuous ache or feeling of distension to a sharp neuralgic pain. Sometimes spasmotic and contractile. Being relieved only by a gush of blood or the passage of a clot from the uterine cavity. The temperament of the patient governs to some extent the acuteness of the pain. A highly sensitive nervous person apparently suffers more severely than a phlegmatic one.

When the obstruction is mechanical, the objective symptoms vary from an incomplete obstruction to one that is complete. This of course depending upon the condition present.

The inflammatory form varies from a simple congestion, which is probably always present to some extent, to a condition in which we have all the objective symptoms of an inflammation.

The neuralgic form is the one most frequently seen. It is most frequent in cold damp weather. Sterility is a frequent result of dysmenorrhoea.

Prognosis.—The prognosis is nearly always good. Occasionally we meet with women who suffer throughout the entire menstrual life. When depending upon some mechanical obstruction surgical means often brings relief.

Treatment.—We are frequently informed that medicinal measures are of no value in this disease or condition, surgical measures only affording relief. We believe this a mistake that has become too firmly rooted among the profession. All physicians of experience

know that we possess remedies that will cure. The idea that dilatation of the os and morphine, are the only means of affording relief is erroneous. It is true that some cases demand surgical measures, but not all by any means. We believe it wrong to subject every young woman that applies to us for relief to an examination and an operation for ovariotomy or dilatation of the os.

The remedies we employ are, viburnum prun., pulsatilla, macrotys, gelsemium, and Hayden's viburnum comp. We are certain that with these remedies the majority of cases not due to a mechanical obstruction can be relieved.

Sp. viburnum prun. is given when the pains is tensive, are felt in the limbs and back, and have a tendency to bear down. We occasionally substitute for this remedy the viburnum opulus should the pains bear more of a resemblance to cramps. Sp. pulsatilla is added to either of these when the patient is nervous, pale, and has a continued dread of something going to happen. When there is muscular pain and the flesh feels sore to the touch, we substitute the macrotys. Should the flow be scanty and there is headache, hot flashes and flushed face, the remedy is gelsemium, usually combined with pulsatilla. These remedies are continued throughout the intermenstrual periods for two or three months. The patient is also provided with a two ounce bottle of Hayden's viburnum compound, which is to taken in from a half to teaspoonful doses with hot water every fifteen minutes to a half hour at the menstrual period for the immediate relief of the pain. This is given in place of morphine and is nearly always sufficient.

It is hardly necessary to say that in addition to these remedies, any wrong of the general health is corrected by appropriate means. That instructions are also given as to proper dress and unnecessary exposure.

We learn in reviewing current medical literature that viburnum prunifolium is becoming more popular as a remedy in dysmenorrhoea. Articles advocating its use in this trouble have recently appeared in the Therapeutical Gazette, Montreal Med. Journal, Journal de Med. de Paris, and the British Med. Journal.

BELLADONNA IN THERAPEUTICS.

By J. C. Kilgour, M. D., Harrison. O.

WHILE reading of the new things constantly brought before the medical profession, we often find something very good if we turn back and re-read some of the old things; and recently in looking over some old volumes of the E. M. Journal, we found an editorial by that very able and forcible writer, Dr. John M. Scudder, in volume 42, page 283, which recalled some experiences with belladonna vs. gelsemium which may be worth studying. Dr. Scudder well describes what is now generally well known by all Eclectics and

some others also, the condition indicating belladonna, viz., capillary congestion, dullness, drowsiness, coma, etc., and I recall a case of malignant diphtheria with coma that recovered rapidly from this condition with the single remedy belladonna in the specific tincture, and one of congestive chill where recovery resulted from the use of this single remedy where there was blueness with severe capillary congestion and unconsciousness.

But there is another phase to it and another indication for the remedy equally as good in another form, and as Dr. Scudder often said, a drug may be a poison in one dose and a remedy in another dose, depending on the size or strength of the dose, and the principle is well illustrated in the action of belladonna. For instance, I recall a case where, at what was supposed to be the beginning of convalescence from pneumonia, when the temperature was nearly normal, the patient suddenly developed a brain irritation, showing bright eyes, contracted pupils, flushed face, tongue small and pointed, pale red on edges and tip, pale yellow thin coating, with red papillæ showing through, and a mental condition showing a violent dislike to any one who approached his bedside, and very loquacious. This condition was promptly relieved by belladonna in the 2d decimal dilution.

This is a condition often seen in cases of scarlet fever, not of a malignant type. This does not indicate that this drug has two opposite actions, but the correspondence in the latter case is to the initial stage of its action, when the system is only slightly under its first influence, which if pushed goes on to congestion and coma. Therefore, when we meet this condition idiopathically we need only the slight stimulating effect on the tissues involved and acted on by this drug in the minute dose, and hence homeopathic physicians who usually give the dilutions, have indications like these for belladonna, in which conditions it is far superior to gelsemium, as used by Eclectic physicians. Some of the indications for gelsemium in the homeopathic school are, languor, great heaviness of the eyelids, dilatation of pupils, etc., but the drug is used here in the dilutions and not in the full strength of the specific medicine, and this condition corresponds to the ultimate or secondary influence of the drug when pushed in full doses, and when met with idiopathically calls only for the stimulating effect of the small dose in the form of diluted tincture. But we have also another phase in the action of gelsemium, but permit me to say first, that in the above, where the 2d dilution of gelsemium is indicated, there is a pale face and cool skin. The indications for it in the full strength of the specific medicine, however, are the flushed and perspiring face with convulsive action as in spasms. These studies lift us out of routine prescribing, and are well to think about.

SCARLATINA.

By J. M. Wells, M. D., Vanceburg, Ky.

WHILE we have no desire to be classed as a pessimist or fault finder, a criticism is ventured on a few of the papers read before societies and printed in the columns of some medical journals. The entirety of the human family is prone to exaggeration, and doctors are no exception, and when called on to prepare and present a paper before a medical society, it is thought something of the marvelous must enter into it, or it will receive no notice; hence there is found in the pages of a great many medical journals, so-called, a deal of fiction, or prevarication, to use the mildest term which can be applied to such statements. Some of these things get into our standard journals, and even into the transactions of the "National."

Once all read in our journals was believed, but it is not any more; yet all have not learned to gather the wheat from out the chaff; so let us be careful what we sow. There have been mistakes and misstatements enough made about medicine to damn the soul of every eclectic in the ranks, if there was no way to obtain a pardon.

But with whatever measure we mete it shall be measured to us again, and as criticism aids us in the search for truth, the aim is to provoke it; and if all said is not believed, you have the privilege to get up and say so, or "stand on your head," or "go way back and sit down."

An error common in nearly all localities concerning scarlatina, is to call it *scarlet rash*. A physician is called to see a child which he finds with a mild rash, and for fear his people will be quarantined, or they will get scared and send for some one else, or through some grudge he holds the health board, or through ignorance, (often this last), he calls it *scarlet rash*, and denies that it is *scarlet fever*. This is a common mistake, and for the edification of any present who may hold this view, or have imbibed this error, emphasis is laid on the fact that *scarlet fever*, *scarlatina*, and *scarlet rash* are one and the same, and there is no such disease distinct and apart from *scarlatina* or *scarlet fever* as *scarlet rash*.

The onset of *scarlatina* is extremely sudden, and may be so mild as to go unnoticed, or so severe as to kill in a few hours; and is marked by three initial stages, viz., vomiting, febrile movement, and rash. Incubation is from one to ten days.

Ninety per cent. of cases occurring between the ages of one and five years are ushered in with persistent projectile vomiting, followed immediately by a rapidly rising temperature, and an extremely quick pulse. This vomiting occurs whether they do or do not take food. A chill in the older, and a convulsion in the young, somewhat infrequently marks the invasion. Twenty-four hours after the onset the rash may be looked for, and will be found on the back and upper part of the chest; not, as Thompson in his *Practical Medicine* of 1900

says, on the neck and cheeks. The rash appears last, if at all, on the neck, cheeks, hands and feet (parts exposed), and is not an eruption, although so called, because it does not erupt, is not elevated above the skin, and can not be felt with the finger. It first appears as maculae or bright red spots the 24th of an inch in diameter, somewhat longer than wide, their long diameter corresponding to that of the body. In some cases twenty-four hours is required for their margins to touch, at which time the redness is uniform, more intense, in fact scarlet, hence the name scarlet fever. The temperature has by this time reached 104°.

In scarlatina simplex the rash begins to fade by the third day, the temperature to decline, and if all goes well by the sixth or seventh day it has disappeared, and the temperature reached normal. In scarlatina anginoea, both the rash and high temperature will remain longer, lasting from eight to twelve days. An exudate appears on the pillars of the fauces which is identical in appearance with that of diphtheria, and the submaxillary and cervical glands will be much swollen and tender to the touch. Scarlatina maligna has not been met with by the writer. A minute detail of all symptoms and phenomena connected with the disease under consideration may be found in any standard work, the aim of this paper being merely to give the main landmarks and points of difference.

Diagnosis.—If a child vomits every thirty minutes or an hour for twenty-four hours, such reflex neuroses as teething, the presence of indigestible substances in the stomach, obstruction of the bowels, abscess of the ear, a fall or a lick on the head being excluded, scarlatina should be thought of; then if within twenty-four hours the rash is seen, the diagnosis may be positively made, for the rash of scarlatina is distinctively characteristic, there being none other like it.

Diagnosis will be further confirmed about the third day by the tongue, which will be extremely red and raw looking, clean, except at the base, papillæ elevated and uniform, appearing in the form of oval disks (strawberry tongue) in size from a pin's head down. The tongue is pathognomonic. The period of desquamation may be delayed for three weeks, and comes too late to be a diagnostic point of value as to the case in hand, but confirms the fact of the presence of the disease in the community.

To recapitulate: the diagnosis will be made, first, by the persistent projectile vomiting, with the above mentioned exclusions; second, by the distinctive characteristic rash; third, by the tongue as above described (strawberry).

Treatment will be in conformity to the teaching as set forth in "Specific Medication and Diagnosis," and will be entirely satisfactory to physician and patient. The aim is always to avoid routine work, and prescribing at names, but if called on to prescribe for scarlet fever patients without seeing them, the recipe would read every time, "aconite and belladonna," and be right nine times in ten.

Next to these good and efficient remedies comes spec. phytolacea, which is added to the first two, and it is made good and strong—say, for a child three to five years old, aconite and belladonna, of each three to five drops, phytolacea one to two drachms, water four ounces; mix and give a teaspoonful every hour. If an exudate has formed in the throat similar to that of diphtheria, and the marked indication for phytolacea is not present, to a four ounce mixture of glycerine and water add ten grains of the brown iodide of lime—not calcium iodide, but "Nichol's formula of 1855;" give a teaspoonful every two hours, and the exudate will disappear in forty-eight hours.

It is well to add to the systemic treatment the local treatment of spraying the throat, at least twice a day, with one to two drachms of hydrogen peroxide to an ounce of water, followed by one of liquid vaseline or alboline. Prohibit all sponging or bathing, and anoint the body with carbolized vaseline once a day, and if the submaxillary or cervical glands threaten to abscess, apply the packs.

Next in line comes sp. baptisia; the indications for its use are so well known they need not be mentioned, but an indication that has not been met with in the journals or elsewhere will be mentioned, and in the writer's opinion deserves special attention, viz., that of thrash, or aphtha. Not a single case of this disease (aphtha) has been met with that this remedy, associated with the small dose of aconite, would not cure in from three to six days. Remember these remarks are from observation, and not from what has been read in books or journals, or heard in this great and venerable Institute. All honor to our journals, all honor to our alma mater and the great teachers who have stood and those who now stand within her walls, but a bed-side experience, tested provings, carry a greater weight of evidence to the individual than can come from any other source.

A few cases will need sp. rhus, and still fewer chlorate of potash. The administration of this salt needs a special guard.

The hydrochloric acid case is extremely rare, but when the indications are present and the remedy given, its action is certain. In 1878, the year after being born into the Eclectic kingdom of medicine, while the voice of the teachers still rang in the ears, and the ink was scarcely dry on the note-books, such a case was met with by the writer. The disease was epidemic, and the little ones were dying in great numbers all around us. One, our next door neighbor's child, died with the mop in its throat, the probang clinched between its teeth. Was it our patient? No, no; thanks to eclectic teaching, nothing so useless or cruel has been done by us, and we have no deaths to report from this disease.

The patient, a girl of fourteen years, was attacked with scarlatina anginosa, and for eight days the evening and morning temperature was 104°, the pulse was rapid, delirium constant, throat and neck much swollen, tonsils and uvula covered with an ashen-grey, diphtheritic exudate; tongue dry, teeth and lips covered with a dark brown

sordes. The family and neighbors said she would die, and so it looked to us. Had been wanting to give hydrochloric acid for three days, but did not have it.

Counsel had been asked for, but the calling deferred because of the kind; so after securing a nurse in the person of the good wife (all doctors should have at least one), and getting the people off to bed, with the promise to call them if anything serious occurred, we stole out and went for the doctor. Wo to the eclectic who has to call a regular; the chances are he will not respond, and if he does he will get your case every time if you are at all youthful. Ours did not respond, and no regrets were expressed, as the acid was all that was wanted or needed, and we got it. How much shall we give, doctor? Ten drops in syrup every four hours.

Pondering on the size of the dose, and remembering indistinctly what Prof. Scudder had said, it was decided to make some concessions to age and regularism, and compromise the matter by giving five drops at a dose.

The inmates of the house were found to be resting quietly in bed. Securing a tablespoonful of syrup, five of the largest drops you ever saw, as big as cherries they looked, were dropped in and given the patient. Then something happened which brought up the entire household—well, the patient did not quite strangle to death, and some one other than a member of the family was glad of it. A solution equal in strength to good hard cider was then made, sweetened, and a teaspoonful given every half hour. Within a few hours after beginning the acid, the patient was bathed in a copious perspiration, temperature and pulse normal, tongue moist, most of the exudate gone from the tonsils, and consciousness returned.

In conclusion it is permissible to say, that if the teaching of eclectics is not right, it is better, far better than any or all of the opathies, better than the healing heights of bacteria exterminators, the destructive depths of antitoxine serums, or any other creature.

MODERN TREATMENT OF DISEASES OF THE NOSE.*

By Alfred W. Herzog, M. D., New York.

THE object of this paper is first to devote a few moments to the recapitulation of symptoms of various kinds of nasal disease, generally classed as catarrh, and to mention how other diseases may be caused thereby, as this will help a great deal in simplifying my task in giving you an outline of the modern treatment of diseases of the nose.

We understand that the nose, besides being the special organ of the sense of smell, serves the purpose of inhalation and exhalation, warm-

* Read before the Eclectic Medical Society of the State of New York.

ing and filtering the inhaled air. Let us then consider in which way the functions of this organ may deviate from the normal.

The sense of smell may be lost or it may be too acute.

The act of breathing may be interfered with on account of mechanical obstruction in the nose, or the nasal cavities may be too patulous and the air, while being inhaled, passes through the nose without being either warmed or filtered.

Again the secretions of the nasal mucous membrane may be too abundant or not of sufficient quantity.

This will show us how other organs may be affected by reason of nasal trouble. If a man cannot breathe through his nose, he must breathe through his mouth; the air will be inhaled without being warmed, without being filtered, and in this way we may see resulting diseases of the mouth, pharynx, larynx and lungs.

If the nasal breathing is interfered with, it is natural that the discharge of the nasal mucus also will, instead of being discharged anteriorly, be discharged posteriorly, and trickling down the throat be either swallowed, causing nausea and indigestion, or it may, adhering to the pharynx and larynx, act as a foreign body and be coughed up; in this way constantly irritating pharynx, larynx and lungs. Or again, the nose may be too patulous and the air will, while being inhaled through the nose, neither be warmed nor filtered, and in this way the same bad consequences will result as in mouth breathing.

There may be too much discharge of nasal mucus, which will force the patient to use his handkerchief very frequently, and in this way cause annoyance to himself and his surroundings; or there may not be sufficient secretion of nasal mucus, which will cause a great deal of discomfort to the patient through excessive dryness of the Schneiderian membrane.

Again, there may be a terrible smell issuing from the nose, which smell is sufficiently strong to drive everybody out of the neighborhood of the poor sufferer, thus making him practically a social outcast.

Over sensitiveness of the nasal mucus membrane may, by reason of reflex action, cause nervous diseases, as for example, hay fever and asthma.

Inflammation of accessory cavities may cause headaches; and complications may arise resulting in caries and necrosis of the frontal bone, causing meningitis and death.

Besides it is hardly necessary for me to ask whether any one can doubt that difficulties and annoyances resulting from nasal trouble may also indirectly cause nervous trouble, and practically change the character of an individual's temper so affected from good to bad, from agreeable to irritable?

We find that the greatest percentage of nasal disease shows symptoms of nasal obstruction. This is interference with breathing, phlegm dropping down the patient's throat, and so forth. Noticing,

therefore, these cases, and we will naturally come to the conclusion that the obstructions must be removed before we can bring about a healthy condition of the nasal cavities.

How to remove these obstructions is a question easily answered if we ascertain whether they are bony, cartilaginous or fleshy.

If the obstruction is caused by a deviation of the nasal septum the same must be straightened.

This can be accomplished in various ways, the best one in my hands being the punching out of a piece of the septum and the wearing of a hollow nasal splint until the fracture has united. If there are bony growths, whether of the septum or of the turbinated bones which obstruct the nasal cavities, these may be removed by means of chisel, saw or drill, scissors or forceps. I usually do this kind of work by means of an electric motor, to which may be attached burrs and drills of different sizes.

Sometimes it is even convenient to seize a hypertrophied turbinated bone by means of polypus forceps, and to remove the obstruction in this way by breaking or tearing it away. If the hypertrophies or new growths are fleshy and of such shape that they may be seized with a snare, they may be either removed with the hot or cold wire snare or by means of scissors, forceps or electric cautery.

Flat hypertrophies are best removed by applying electro cautery, or by using chronic or glacial acetic acid; the cautery is, however, much preferable. It is impossible to cure a case of hypertrophic rhinitis, a case of catarrh with obstruction of the nasal cavities, by means of catarrh-snuffs, astringent washes or applications.

The treatment of these conditions will be more or less successful in even proportion with a greater or less amount of obstruction removed. The more completely they are removed, the better is the success of the treatment.

After the surgical work is done, it will be necessary to heal the membrane and get it into healthy condition. Here various remedies argentum nitricum, protargol, tannine and glycerine-iodine solutions and other astringents may be used by the physician. The patient should also use a nasal douche, not only during the continuance of the treatment, but after a cure has been effected, for the purpose of preventing a recurrence. Glyco thymoline (Kress) solution answers the purpose nicely.

In cases in which the nasal cavities are too patulous, in which there exists an atrophic condition, it will be necessary to stimulate the mucous membrane to healthy action.

Very weak solutions of argentum nitricum may be used for that purpose, as also solutions of muriate of ammonia.

In these cases, snuffs and insufflations may be used with advantage, I sometimes use a snuff made with boracic acid, menthol and powdered cubeb; sometimes one consisting of boracic acid with a small amount of permanganate of potash.

If there are dry crusts or a fetid discharge, the crusts should be removed either by means of forceps or syringe, or some other means. I generally use the forceps and a large syringe to remove the crusts that adhere sometimes very strongly.

An application of strong tincture of iodine, applied two or three times a week, will very often succeed in curing cases where other means have failed. Fetid nasal catarrh is often caused or accompanied by inflammation of the accessory sinuses, and dead bone should be searched for and promptly removed, if found.

In atrophic as well as fetid catarrh, a glyco thymoline (Kress) solution may be used in the douche, which should be used frequently, especially in fetid catarrh, for the purpose of hiding and disguising the disgusting smell.

Oversensitiveness of the nasal mucous membrane causes sometimes hay fever, sometimes asthma, as also other diseases, and is very often cured by cauterizing the spots either with glacial acetic acid, chromic acid, or the galvano-cautery—preferably the latter.

General constitutional treatment should not be neglected. It is especially valuable in cases of atrophic and fetid rhinitis, and in patients of a syphilitic, scrofulous, or tuberculous diathesis.

As stated before, nasal surgery comes first. After all surgical indications have been complied with, and the wounds caused by whatever surgical interference was necessary have healed, then local applications should be made to get the parts into healthy condition.

However, when the patient is discharged cured, he should be directed to persevere in the use of the nasal douche, night and morning, for an indefinite period, using the before mentioned glyco-thymoline solution, for the purpose of preventing or at least postponing for as long a time as possible, a recurrence of the nasal disease; for, although perfectly cured, a patient cannot be assured that, while living in a climate like that of the Atlantic or Pacific coast, he will remain for ever free from a recurrence; and a safe way to prevent the necessity to resort again to severe measures will be to undergo an examination once a year for the purpose of having whatever trouble may arise during the year checked in its beginning.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

WAS IT A REFLEX CONDITION?

Reflex conditions are often the most difficult to treat, as the exciting cause is so remote or obscure that it is entirely overlooked. A recent case was unique, and I am in doubt about having found the true cause. However, as the patient recovered, he is satisfied.

S. R. age 35, clerk, unmarried. History: "Have been unable to speak above a whisper for three months. I am completely discour-

aged, as no treatment has given any relief." There had been two other attacks, but they only lasted a few days.

Examination of the nose showed a slight chronic rhinitis, but there was no obstruction to free respiration under ordinary circumstances. The sense of smell was normal. The pharynx was slightly affected, the disease being follicular pharyngitis, but was not enough to account for any special disturbance. The tonsils were normal in size, and there was no history of any tonsillar affection. The laryngoscopic examination disclosed a slight hyperemia of the cords, but the rest of the laryngeal structures were apparently normal. Mobility of the cords appeared normal, with the exception of a slight tremulous motion when the effort to phonate was made. The secretions of the upper respiratory tract were not excessive. No syphilitic history.

Diagnosis (?). Prognosis (?).

Treatment.—R : Tr. Collinsonia herb, $\frac{3}{ss}$; aqua, q. s. $\frac{3}{iv}$. Mix. Sig. Teaspoonful every three hours. Nov. 15, 1901,

This treatment was continued for two weeks without any improvement. A more searching inquiry was then made, and I found that ten years ago he had an attack of gonorrhea, which had left some prostatic complications. He claimed it was necessary to get up four or five times a night to empty the bladder.

The possibility of the laryngeal difficulty being reflex, and that it might result from the prostatic lesion presented, but it seemed such a remote possibility that I hesitated before giving the next medicine; concluded, however, to try saw palmetto. This is a drug that I have been very skeptical about, and have never had any occasion to use in my practice, but gave the sp. saw palmetto $\frac{3}{ij}$, aqua q. s. $\frac{3}{iv}$. Mix. Sig. Teaspoonful every three hours.

When this had been taken the patient returned and wanted to know what I had been giving him, as he had to get up only twice at night. The only change in the voice was that the whisper was fuller in volume, if such a term can be used. The dose of the drug was then doubled, and he was directed to take it as he had the other. When he next reported the voice, although weak, had returned. Two nights he did not get up at all, and the other nights but once.

I again increased the dose of the drug, giving $\frac{3}{vj}$ to a four ounce bottle, with the directions to take as before. When this had been used, he reported again, saying his voice was as strong as ever, and that he was feeling better in every way than he had for a long time.

Whether the drug had any influence on the restoration of the voice I am extremely doubtful. That it may have had I would be loath to deny, but that it was a happy coincidence I am willing to admit. The action of the drug on the prostate in this case evidently was beneficial. I inquired regarding the action on the erectile power, but received the answer that there was no change whatever, either for better or worse.

That an influence is exerted over the upper respiratory tract by

the sexual organs is well known, but so far as I have been able to ascertain, aphonia resulting from prostatic irritation or enlargement has not been reported.

Friedrich has gathered reports of several cases of gonorrhreal arthritis, affecting the articulations of the larynx, but they all seem to be acute in character. He also gives a description of a case reported by Lazarus of a bilateral paralysis of the crico-arytenoidei poistica in gonorrhreal arthritis. The term gonorrhreal neuritis is given to the case.

PHLYCTENULAR KERATITIS.

H. C. aet. 8, Chicago. Has had "ulcers" on the right eye for over a year. First made their appearance two weeks after an attack of measles.

Examination showed a moderately large phlyctenule near the center of the cornea, with a leash of well defined blood vessels extending to the open lesion. The child was fairly well nourished, but had been kept in doors almost constantly for fear of increasing the difficulty. Tongue heavily coated, and the papillæ very prominent and red. Bowels constipated. The child had not been allowed to eat any meat, but candy, cake and pie were freely given.

The use of sweetmeats was interdicted, and the child told to eat meat, but cautioned the mother not to allow her to overload the stomach. The blue glasses she was wearing were ordered taken off, and also that she should be allowed all the outdoor exercise she wanted.

Treatment.—Morphine sul. gr. j, Lloyd's hydrastis 3ss., solution boric acid q.s. 3ss. Mix, ft. collyrium. Sig. Two drops in the eye every three hours. A collyrium of solution atropine sulph. grs. ij to 3ss, was given with directions to use often enough to keep the pupil of the eye well dilated. R : Sp. podophyllum gtt. xx; sp. rhus tox. gtt. iij, aqua 3iv. Mix. Sig. Teaspoonful four times a day, unless the bowels move too freely; when the dose should be diminished. Jan. 12, 1902.

Improvement was steady and rapid under the treatment, and after three weeks the mother wished to go away for a week to visit some friends, taking the little girl with her, as she said the eye was well. A relapse will probably occur, unless the diet is closely watched, as in these cases an eye that is [apparently well, will developed an additional crop of phlyctenules unless care is exercised.

The necessity for internal medication in these cases is too often overlooked, and this holds true not only in eye affections, but those of the ear, nose and throat. The idea seeming to be that local measures are all that are required.

BY PROF. L. E. RUSSELL, M. D.

HYDROSALPINX, PYOSALPINX.

Dr. J. Stewart Hagen, of this city, brought to the hospital a young married lady about twenty years of age with a distinct hydro-salpinx on the right side, the size of a double fist, and a pyo-salpinx of the left tube the size of a link of the ordinary wiener wurst. Salpingitis does not always terminate in occlusion of the ostium abdominale, but if mild, may result in a slight catarrhal condition of the tube which takes on a chronic form, and eventually the inflammation subsides without leaving the patient permanently damaged. But when the salpingitis is of a high grade, and the abdominal ostia and the fimbria of the fallopian tube is agglutinated and sealed by inflammatory exudate, the appendage becomes not only useless, but positively harmful and dangerous if allowed to remain without surgical interference.

These lesions of the tube manifest in cases like the above, generally are of specific poisoning due to an invasion of the gonococci, and their specific ptomaines, advancing through the endo-metrium out through the uterine cornua into the tube; and if the advance of this special virus is not checked by the sealing of the distal end of the tube, it may enter the abdominal cavity and produce peritonitis and death. Sometimes in the advance of the inflammatory condition with the fluid, the blockade of the proximal end of the tube gives way, and a discharge of a large quantity of fluid may escape through the uterus at irregular intervals, or the enlarged tube may become adherent by inflammatory processes to the rectum and form a fistulous opening escaping through the bowel, or as oftentimes happens, through Douglas cul-de-sac, making a vaginal fistula with a constant discharge of fluid of a pyo or hydro-salpynx character.

Tubercular lesions sometimes assail the tubes, developing a condition of tubercular salpingitis which presents in a general way some of the lesions and conditions of hydro and pyo-salpinx from specific causes. There may also be an invasion from an endo metritis of a septic character that gives rise to inflammation of the tubes with hydro or pyo-salpynx, but these cases are extremely rare.

The diagnosis of these lesions of the fallopian tube is fairly well established by means of the bi-manual examination, with the patient lying on the back, limbs well flexed, and under the relaxing influence of an anaesthetic.

The uterus will, in nearly all cases, be found to be immobilized, or if one tube and ovary are affected, the uterine cervix will be carried laterally, and the fundus of the uterus immobilized. But the physician will readily make the diagnosis certain by carrying the index and middle fingers of the right hand to the posterior portion of

the uterine cervix in examining the right side of the pelvis, and the left hand partly flexed, with index and middle fingers push well down over the pubes into the pelvis until the offending mass is carefully felt and outlined from the uterine cornua to the distal end of the appendage. But if the examination contemplates the bi-manual touch of the left side, then it is better to exchange positions, introducing the index and middle fingers of the left hand to the posterior position of the uterine cervix, and with the right hand partly flexed, continue the examination as described for the opposite side of the pelvis.

In dealing with these lesions of the tubes, it is better to open the abdomen in the median line, making the incision three or four inches in length from the pubes to near the umbilicus, with the patient lying flat on the back in a horizontal position until the incision has been extended through the abdominal walls of the peritoneum, which is then seized with haemostats, pulled up into the line of the incision, and a little niche with the knife made allowing the entrance of air intra-abdominal.

The patient is now placed in the trendelenburg position, and I prefer that it be exaggerated more than the average operating table will give, until the intestines of their own accord leave the pelvis and sink below the incision which is now enlarged to the extent of admitting the hand into the pelvis; but before doing so, a large laparotomy sponge out of normal saline solution is carefully placed within the abdomen for the purpose of covering the intestines, preventing the escape of intra-abdominal heat of the viscera, and also for the purpose of absorbing any fluid which may possibly escape in dealing with the adhesions of the diseased tubes in their removal.

This position, then, gives the operator an unencumbered field of observation by means of the lateral abdominal retractors, and also allows him to dissect or flay the diseased tubes from their adhesions in the pelvis. The index finger becomes very important in the breaking up of adhesions and searching for the tumor walls, and flaying the same from the pelvic peritoneal tissue, or wherever adhesions have taken place. In this case of Dr. Hagen's, the hydro-salpinx tumor mass filled fully two-thirds of the pelvis, extending behind the body of the uterus to which it was freely attached by adhesive inflammatory products.

The left tube and ovary were massed in the broad ligament, and along the sigmoid flexure of the colon, and required considerable care in dissection, not to make a rent in the bowel. In this case, as in a majority of these lesions, where there has been extensive adhesions of the tumor mass to the pelvic cellular tissue, it has been my custom for years to provide for drainage by carrying the left hand down into Douglas cul-de-sac, and with the scissors in the right hand, I cut through between the fingers, after which the blades of the scissors are opened to the extent of an inch and a half, and forcibly

pulled down out of the vagina, lacerating the Douglas cul de-sac tissue to such an extent, that with large forceps carried up into Douglas cul-de-sac and pushed along the palmar surface of the left hand, the blades of the forceps are then opened, and into the jaws is deposited the end of a half yard of iodoform gauze either the full or half width of the piece which we buy in the ordinary glass jars. The forceps closed are withdrawn, and the iodoform gauze made to extrude about two or three inches extra-vaginal. This, then, acts as an incentive to drainage from the pelvis, and if I find the case demands prompt drainage, I force the gauze laterally in the Douglas cul-de-sac region so as to have an opening or vent the size of the index finger along side of the gauze, which gives prompt and efficient drainage. The upper end of the gauze is folded in plaits behind the body of the uterus with either corner of the upper end of the gauze extending out and covering the lacerated pelvic tissue, thus preventing the return of the intestines down into and upon the torn tissue.

Since adopting this method, I have never had a single case of obstruction of the bowels, or adhesions of intestines to traumatic surfaces, and on closing the abdomen, the peritoneum is stitched over and over with a continuous suture so as to eliminate all traumatic surface in the median incision, minimizing as far as possible all trauma intra-pelvic or intra-abdominal. The drainage gauze is carefully pulled downward three or four inches every 24 hours, and at the expiration of the third day, entirely removed; thus leaving a small opening in the Douglas cul-de-sac which readily drains any remaining debris, and it is closed within a few days.

I consider it of the highest importance that in these lesions of the appendages, where they are of a specific nature, the pedicle be cauterized with pure carbolic acid, and if the severed end of the tube is greatly enlarged, that the traumatic surface be covered by using a small needle with chromatized cat-gut, pulling the peritoneum over the stump and stitching it there. This method, together with the drainage from Douglas cul-de-sac, makes the ideal manner of dealing with lesions of the tubes as above described.

CHOLECYSTOTOMY.

Dr. F. M. Beall, of Mattoon, Ill., very kindly referred a lady patient about forty years of age, to the Seton Hospital for operation upon the gall bladder. The patient was somewhat emaciated, and the general appearance of pus poisoning was manifest. The history of the case dated back some two or three years, when the patient first complained of a great deal pain in the region of the gall bladder, which had been interpreted by some of the physicians who had treated her case as due to dyspepsia, neuralgia, etc.

The outline of the gall-bladder was fairly well made out when the patient was laid across a bundle at the lower portion of the right

thorax, which had a tendency to bulge the liver into anterior prominence. Then with the limbs flexed relaxing the abdominal muscles, the finger tips could readily outline the lesion of the gall bladder.

The patient, after a few days preparatory treatment, was chloroformed and a semi-lunar incision made over the central portion of the tumor mass, extending down to the peritoneum, which was carefully incised when the enlarged gall-bladder presented in the line of the incision. The distal end of the gall-bladder was seized with tenacula hooks, and carefully coaxed up into the incision, where its end was sutured with chromotized cat-gut, the needle piercing the gall-bladder just short of an intrusion within the same, and fastened by a continuous suturing.

Interrupted silk-worn-gut sutures were introduced through the lower fascia and peritoneum, the needle carried across and pushed up through the remaining muscles, adipose tissue and skin on the opposite side, the needle removed and threaded to the opposite end and carried across to the opposite side, and stitched through the tissues as before described, thus making in the completion of the closure of the wound a figure eight suture, which effectually draws together and closes the incision. Gauze is carefully wrapped around the protruding end of the gall-bladder, covering the sutures and allowing enough room to make the incision into the gall-bladder, or a completion of a cholecystotomy. Through this opening, the empyæmic fluid, to the amount of a tea-cup full, was withdrawn, some of the fluid being so thick that it required the use of the uterine curette to carefully scrape and force the fluid out.

Search was now made for the lith, which proved to be a gall stone about the size of an ordinary almond, and nearly the shape; it was wedged so tightly into the duct that it had to be crushed and peeled to be taken from its imprisoned position. Within the next 24 hours a free drainage of pus and bile material was established, and the patient made an uninterrupted recovery, returning home three weeks following the operation.

The history of cholecystotomy dates back to the year 1867, although plans for dealing with the gall-bladder lesions were discussed by Petit nearly a century prior. The first successful operation was performed in America by Dr. Bobbs, of Indianapolis, the second by Dr. Marion Sims, who gave a description of his operation in the British Medical Journal in 1878. This description brought about the first successful operation performed in England by Lawson Tait on August 23, 1879, and this operator afterwards became famous not only in his cholecystotomies, but in his works upon the uterine appendages.

PERISCOPE.

LIME BURNS OF THE EYE.

Dr. E. S. Thompson says that treatment in lime burns of even moderate severity should be instituted at once and faithfully carried out, for we can never tell how serious the consequences may be. The lime should be picked out at once or even scraped forcibly from the conjunctiva, should it adhere in large cakes as it often does. It has been suggested that the cul-de-sac should be flushed out with a mixture of vinegar and water, the idea being to neutralize the particles that are too small to be seen, but it is only reasonable to suppose that the small particles are quickly dissolved, and the large pieces are better picked out en masse without the addition of another irritant, even though it be a weak one. The patient should be put to bed and the eye cleansed constantly with warm boracic acid solution. The pupil should be kept dilated with atropine, and applications of hot water should be used to stimulate the cornea. Ice is absolutely contraindicated. Internal stimulation should not be neglected. It is important to keep the cul-de-sac full of oil. A drop of castor oil or pure hydro-carbon oil is instilled into the eye every hour or two, or as often as necessary. It coats the cornea and keeps the rough and swollen conjunctiva from rubbing over it, and also renders the conjunctiva less likely to adhere. The course of healing is likely to be protracted, as it takes an eye a relatively long time to recover from a lime burn.—*Post Graduate.*

THERAPEUTICS FOR BRIGHT'S DISEASE.

Jaborandi has a peculiar value in the treatment of nephritis, especially since Prof. Wieland's interesting discovery of the elimination of urea effected by the saliva. From many standpoints jaborandi is one of the most remarkable drugs in our *materia medica*, as can be seen from the numerous experiments made with it by those who study physiological chemistry. Given a patient who is slowly sinking into uremic slumber, especially an old man, or a patient in uremic convulsions, and jaborandi will bring him back to life if anything will do it.

Iron certainly appears to be useful in the treatment of chronic nephritis. In my experience it has been more serviceable in the case of women than of men, and to such degree that I seldom fail to advise use of it in some form or other of female patients with Bright's disease. The forms most frequently used have been Boudreau's syrup and pills of the protochloride, Basham's mixture (ammonio-acetate), and the preparation known as hemoglobin, with or without arsenic.

Apocynum still holds its own in the writer's hands as a diuretic in certain cases. A peculiarity in reference to this drug is its nauseating effect on some patients. I have known those who could not take seven drops of the tincture without nausea. Others may take twenty to thirty drops without disagreeable effects. In half a dozen cases the urine has been increased in quality and dropsey with dyspnea relieved by this agent. I am not altogether certain in my mind as to the indications for use of it, but as a rule, it has been most beneficial in the case of male patients with various cardiac symptoms. In the case of a female child with acute nephritis, pallor and dropesy, the urine gradually decreased in spite of apocynum, but when I alternated potassium citrate with it, in fifteen-grain doses four times daily, the urine began to increase after twenty-four hours and albumin diminished rapidly. The use of apocynum in connection with potassium citrate is something which may possibly be studied with profit.

In cases in which it seems more likely that the condition is cardiac rather than renal, and in which we are in doubt as to the exact diagnosis, owing to the severity of the symptoms [weakness, dyspnea, dropesy] not being satisfactorily explained by the constitution of the urine, I have given apocynum, crataegus and strychnine alternately, and in one or two cases rallied the patient and prolonged life.—*Clifford Mitchell, M. D., in Hahnemannian Monthly.*

Rhus Glabra in Enuresis.

Dr. J. J. Cassidy states that the internal use of rhus glabra will prevent incontinence of urine. Its action resembles that of tannic acid. He reports the cases of three lads treated from February 23 to June 24, 1900, their ages ranging from twelve to fourteen years. The prescriptions used were as follows:

R—Ferri citratis, gr. clx; syr. calcil lactophospat., syr. cascara aromatic, aa. 3ij. M. Sig. A teaspoonful after dinner (noon).

R—Fl. ext. rhus glabra, mcccxx; syrup, q. s. ad 3ij. M. Sig. A teaspoonful at bedtime.

The cure probably resulted from the continued action of the vegetable astringent on the vesical mucosa, and particularly the fibers of the sphincter vesicæ. These medicines proved successful in three relapsing cases of enuresis, and two of the patients are known to have remained cured. The third did not return for examination.—*Canad. Jour. Med. and Surg.*

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JAMAICA.

As noted in the January issue, we had expected to leave for Jamaica Christmas day, but unfortunately for our plans, the editor was taken ill with a common continued fever, which lasted two weeks, delaying our start until January 12.

Leaving Cincinnati over the picturesque B. & O. S. W. Railroad, through the mountains of West Virginia, into Maryland, across the historic Harper's Ferry to Washington, thence via Baltimore to Philadelphia, we boarded the screw steamer "Sampson," of the United Fruit Company, Thursday noon. This Company has 75 steamers engaged in the fruit trade. Four of these vessels, the "Admirals," are steel, built by the Cramps, are 300 feet long and 2,200 tons, fitted with electric lights and all modern conveniences. They have accommodations for about 50 passengers. All staterooms in steamers to the tropics are above decks. The first hundred miles were down the Delaware river and bay, through ice. Monday noon we were off Cape Hatteras, whence we went into the Gulf Stream, and encountered some rough weather. Sunday morning we sighted San Salvador, the first of the islands Christopher Columbus discovered. Sunday it grew decidedly warmer, and Monday every one was wearing thin clothing, and the thermometer was 82° in the shade.

We reached Port Antonio, Jamaica, Monday at 5 p. m. This is the second largest port on the island, and has an excellent harbor. The Blue mountains are just back of the town and look as if they rose out of the ocean. The largest is 7,360 feet above the sea. No ice or snow were ever known, and the lowest temperature is barely 50°. The United Fruit Company ships annually over four million dollars worth of fruit from various parts of Jamaica, principally bananas. The various fruits are bananas, oranges, pineapples, grape fruit, lemons, shaddock, tangerines, castor apples, alligator pears, cocoanuts, nutmegs, allspice, coffee, bread fruit yams, etc.

Jamaica is an English colony, containing 700,000 inhabitants, only two per cent. being white. Most of the inhabitants are blacks, some colored, many of them "coolies," transported from East Indias under

contract labor.¹ The "coolies" proved to be the most interesting to us. They are almost black, about 4½ feet in height. They dress in their native garb, and wear an unusual amount of silver jewelry, necklaces, head dresses, bracelets on arms and ankles, and rings in ears and noses. They are accustomed to the heat, and can work in the fields in the hottest weather.

The temperature ranges from 72 to 78 or 80° during the day, in the shade, and cool enough at night for a light blanket. There is a light rain here almost every night, but the roads are good, as the hot sun soon dissipates a shower.

Kingston, the capital of the island, situated on the southern side, contains 60,000 inhabitants. It is much warmer there, with less rain, and is a less favored stopping place with Americans. Spanish town, near Kingston, was the capital of the island when Jamaica was captured from the Spanish by the English in 1655. The architecture is still decidedly Spanish. It has a beautiful cathedral nearly 300 years old. There is an interesting leper hospital here, containing about 250 lepers, principally blacks, with a few coolies and no whites. Leprosy is gradually disappearing. The authorities do not claim to understand the pathology of the disease, nor have they any cure for it. The natives of the island are great consumers of salt fish from Halifax, and this at one time was advanced as a possible cause of the disease. We visited the general hospital at Port Antonio, containing about 60 beds. It is, like the other hospitals elsewhere, conducted by the government. The patients were blacks and coolies. Slow or malarial fever predominates—comparatively little typhoid. We saw two cases of elephantiasis, and quite a number of cases of gonorrhea and syphilis in various stages; also several pronounced cases of gonorrhreal rheumatism. The mortality at this hospital was only 1½ per cent.

There is practically no smallpox, the various quarantines at ports being unusually rigid. The island as a whole is far more healthy than any other West India islands. There were only three cases of yellow fever on the island in 1901.

While the heat during the middle of the day, 11 A. M. to 2 P. M., is somewhat trying to those who come from the United States, still it is not as depressing, for the temperature is very equable, the variation seldom exceeding 15°. The past year the lowest temperature only reached 54°, and the highest in midsummer 95°.

As a winter resort from November to April, the island is fast becoming a mecca for invalids and others needing a rest, as well as for the ever-busy sight-seeing tourist, and will eventually vie with the east coast of Florida and the island of Nassau. Jamaica is located 90 miles south of Cuba, and distant 1400 miles from Philadelphia; so one must always bear in mind that it is a tropical and not a semi-tropical country, like Florida or southern California.

J. K. S.

MENSTRUATION AND ITS DISORDERS.

I. MENSTRUAL THEORIES.—Menstruation is established at about the 14th year. Its first appearance is an evidence of various important changes of a physical nature; as well as the beginning of marked functional activity. The female has now sexually matured, and is capable of conception; a Graafian vesicle has reached complete development on the surface of an ovary for the first time, with the ripening and dehiscence of an ovum or egg. Attending this process of growth and development the circulation of the pelvis is very greatly increased, so that at the time the egg finally escapes, the ovary, tubes and uterus are all included in a state of intense hyperemia.

This interesting period in the life of the female is ushered in by many other features and changes in her mental and physical development. There will be a remarkable advancement towards the perfection of the reproductive organs. The pelvis becomes larger and wider, and the hips more prominent. The breasts become rounder, full and prominent, with the nipples projecting, more sensitive, and of a darker hue. The whole person in fact improves in grace and elegance, the voice becoming more sonorous and melodious. There will also be various changes noticed in the nervous system; frequently the temperament and peculiarities of the individual becoming almost the opposite to what they were formerly. With the advent of puberty the gay, light-hearted girl is transformed into womanhood, assuming all the dignity of her station.

There are widely different theories advanced by various students and physiologists to account for the menstrual function. Many conflicting and contradictory statements have been made as to what it is, from whence it comes, what is the exciting cause, what the function of the discharge, etc. Many believe it to be the result of the development and escape of the ovum. During ovulation, it is claimed, the reproductive organs are all in a state of marked hyperemia, the vessels of the tubes and uterus particularly being engorged to their utmost with blood, as a consequence of which it oozes through the frail wall of the capillaries, thus establishing the flow.

Lawson Tait claimed that menstruation and ovulation were wholly independent of each other, bearing no distinct relation one to the other; one might continue alone, neither being essential to the other. He believed the source of the flow was in the tubes; that it was controlled by and depended upon a special nerve. This nerve passes along the tube within the middle fold of the broad ligament. It is named after its discoverer and called Johnstone's nerve. Tait claimed that in many cases after removing the ovaries, when this nerve was left undisturbed, menstruation would continue regularly. Likewise under similar circumstances, where the ovaries and three-fourths of the uterus are removed, it failed to bring on the menopause. On the other hand he announces that in operations of this kind, when he was particular to ligate this nerve, or sever it, there was never a return of

menstruation. Others believe that menstruation is controlled by a nerve center in the lumbar spine; "that the menstrual impulses reach the uterus through two sets of nerves; that menstruation is the result of nerve irritation, vascular congestion, and the subsequent relief of these by hemorrhagic discharges; that hemorrhage from the uterus is the result either of a local uterine condition or of influences outside of the uterus acting directly on the center; that the removal of the appendages arrests menstruation by preventing the propagation of uterine influences to the center."

It is the belief of many that the blood comes from, and is directly due to the engorged and congested capillaries of the uterine walls; that, approaching the period of ovulation and menstruation, the uterus is lined, and its mucous membrane covered by a special and peculiar formation developed at such time, known as the *nidal decidua*, the formation of which, together with the approaching period causes great vascular excitement. The blood finally escapes through the thin wall of the capillary vessels back of the decidua membrane, causing it to loosen and detach and finally break down in shreds, being washed out by the flow of blood, and thus becoming a part of the menstrual flow. In the event the egg becomes fecundated, this *nidal decidua* remains attached and entraps or ensnares the ovum when it reaches the uterus, and menstruation does not appear. The blood appears on the uterine walls at each period after the process of diapedesis; first, scattering small drops may be noticed, then larger, until finally the surface becomes completely covered, and a sufficient amount has been exuded to establish a flow. An old-time theory was that the *glandula Nabothii* (glands of Naboth) of the uterine cervix were the ovi, and that the periodic flow of blood simply escaped with the egg.

Again, it was believed in the olden time, that menstruation was due, and resulted as a consequence of uncleanness, the blood being retained owing to negligence, and lack of care at the toilet. It was also, at one time believed to depend upon a state in which women become plethoric, and thus nature provided a periodic vent for the superfluous blood. It was also supposed at one time to be a means by which the system was purified, and the health and normal condition maintained by the noxious humors and material being removed at regular periods.

R. C. W.

NURSES' STOMATITIS.

On the 15th of June, 1901, Mrs. A., aged 30, married, three children, youngest aged eighteen months, residence Springfield, Ohio, called at the office for treatment. She was very much emaciated, pale and anemic, nervous, with weak and rapid pulse; had very sore mouth which had defied treatment, appetite poor, frequent diarrhea, very much discouraged, presenting a wretched appearance, unable to sit up all day, but still allowing her baby to nurse. Her mouth

presented patches, excoriations on tongue, tonsils and inner cheeks, very red, tender and irritable; the patches were entirely denuded of epithelium and would bleed easily upon slight irritation, mastication painful, hot or cold food or drink causing pain, and even cold water was refrained from on account of the pain caused by passage over the areas of irritation. Some of the patches were covered with a whitish film.

Upon inquiry I found that the patient had been given all the usual remedies for nurse's sore mouth, but steadfastly refused to wean the baby. She was told that the treatment would probably have relieved her had she done so, and was urged to now wean the child which was hearty and robust; she still refused to do this; she was told that the treatment which would be given would perhaps do no good, but if she desired to try it she could do so. She had come quite a distance and concluded to stay a month and take treatment.

R.—Peptomangan, teaspoonful in half glass of water before meals; R—Sp. phytolacca 3ij, echinacea 3i, sp. iris 3j, aqua 3iv; teaspoonful every four hours.

The patches in the mouth were touched with 10 per cent solution nitrate silver, and she was given a mouth wash consisting of equal parts glycerole, tannin and lime water; this she was to use frequently. June 17, she again called at the office; no improvement and there was a diarrhea, thin and watery stools, with pain and griping in abdominal region. The patches were again touched with silver solution, the former treatment continued, and for the diarrhea she was given R—Sp. aconite, sp. ipecac, sp. nux aa gtt. v, bismuth sub. nit. 3j mucilage acacia 3 iv; teaspoonful every two hours. On June 20 she called again, the diarrhea was checked but there was no change otherwise; her prescriptions were not altered and she continued with the same treatment until July 4, 1901, without any improvement. She was then told to wean the child which she did under protest; in one week afterwards, July 11, she again called and there was a marked improvement in her symptoms. She returned to Springfield on the 16th of July, still continuing her treatment which had been unchanged from the beginning. One month latter, August 20, 1901, she wrote me that she was entirely well. In this case no doubt the nursing child sapped the vitality of the mother until the natural recuperative forces were too weak to aid in repairing the broken epithelial areas.

Mrs. S., aged 27, married, two children, older 2 years, baby 3 months, residence Cincinnati, Ohio, called Sept. 20, 1901. Her mouth had been sore since birth of child; had weaned baby and was raising it on the bottle, but the mouth still remained sore, sometimes better, at others worse; she was in good flesh, her health was good, bowels regular, was not sick except the mouth. Upon examination found a few isolated red or whitish excoriations upon inner surfaces of the lips, cheeks, and upon the tongue. They did not look angry but caused the patient considerable pain and discomfort upon

eating and drinking ; she was worried and expressed considerable anxiety because her mouth would not get well. She was given the following : R—Sp. phytolacca 3ij, aqua iv ; teaspoonful three times a day ; there was some enlargement of submaxillary glands ; this treatment was continued steadily for a month, at the end of which time the mouth was well and the glandular enlargements had disappeared. She continued to take the medicine for another month, because she said she wanted to make sure of it. In this case I at first suspected some syphilitic complications, but there were none, and she recovered with the phytolacca alone, no other medicine being given. This was a mild case of nurses' sore mouth and might have recovered without treatment, but be that as it may, phytolacca was no detriment and is usually the remedy under which patients recover when the indications are present.

Mrs. F., aged 25, married, one child 4 years old, applied for treatment June 30, 1899, she was in fair health, with good appetite, bowels regular and no noticeable lesion anywhere with the exception of a few bright red patches on tongue and lips very tender and irritable. She was treated for three months with phytolacca, iris, aconite and Fowler's solution internally ; the patches were touched every third day with solution nit. silver at first, later, colorless hydrastis was given in addition as mouth wash, after that white pinus can. was tried, and later powdered alum and borax dissolved in listerine ; she was but slightly and temporarily relieved by my treatment. She left me and passed into the hands of other physicians. In Oct. 1900, she came back with the history of her wanderings among professional and non-professional medical men and women. Her mouth had been constantly sore with the exception of a few weeks at intervals. Upon examination the appearances were about the same as the year before. She had been subjected to a thorough course of stomachic and tonic treatment in the hands of an excellent physician just before consulting me at this time. I again gave her the phytolacca and iris with local treatment as before, but signally failed to relieve her ; she used these remedies for awhile and again left me to try advertised remedies. In August, 1901, she returned for treatment, the trouble still persisting, having been present a greater part of the time for six years. After a careful examination and study of the case, finding the submaxillary gland enlarged and tender, she was given sat. sol. pot. iodide, one-half teaspoonful in glass water after meals, with cascara cordial and pepto-mangan aa. tablespoonful in half glass water before meals. The cure was immediate and her improvement was marked ; she had become anæmic and with constipated habit, but all this was corrected. The results of this treatment were remarkable for the rapidity and completeness of the cure. There must have been a syphilitic taint here unsuspected by any of her physicians, or at least some blood dyscrasia for which the potassium iodide was specific ; at any rate, she fully recovered and has remained in robust health now six months without a trace o

L. W.

EXTRAVAGANT CLAIMS. No. 2.

In the February Journal we called attention to the wrong that may be done a remedy by extravagantly lauding it for values it does not possess. The history of nearly all the vegetable remedies of value is that of a gauntlet run, not of questioning, doubt, adverse criticism, but of illogical friendship that, based on emotional imagination, leads to unwarranted statements concerning its sphere of action. These unwise friends are the antagonists of the medicine that in its own field has a value that is discredited when one tries the drug for lauded values it does not possess.

And what is true of plant remedies is also true of others; the gauntlet of unbalanced friendships, enthusiasm run wild, stands ever ready to down that which is strong in its own field, and to that extent only would be useful, could that field of usefulness be fairly seen. Just now we find the minds of some persons running wild over illogical, or at least comparatively untried serums and newly born animal extracts, and we hear much concerning microbes which are being spied out in microscopic droves, and differentiated from each other as might a chemist describe the various differences between a collection of glass Prince Ruppert Drops.

It seems to us that this wave of thought is likely to do a wrong to a worthy object, unless it can be turned from the ultra extravagance that leads men to indiscretions that in sane moments are finally seen in their proper light. Grant that under certain circumstances a flock of bacilli, or a drove of microbes may portend or accompany disease, it is not as assured that this study of microbes is any more scientific or less likely to error of judgment or error of personal equation, than certain other symptoms that we meet in disease expression. Nor is it probably any more firmly established at present that these crooked somethings the microscope brings to view are the cause of the diseased condition than is the accompanying fever the cause of the ailment of the man who lies with a broken head.

But granting this, it does not follow that a study of bacteria may not usefully serve the practicing physician who treats disease expressions these Prince Ruppert Drops, sometimes accompany, and for this reason it is as unwise to damn without qualification as it is to laud without reason. But of the two, if there be anything in what the microscope illuminates on certain occasions, we can venture the assertion that the involved bacteria have more to fear from the indiscretions of its unbalanced friends, than from its cold-blooded, incredulous questioners. Ridicule is the surest weapon, and, unless the signs fail, this weapon will be handed by the bacteria enthusiasts to the men who resist the brushing out by this microbe of all questions concerning the study of disease expression and disease cure.

But there is another phase of this wrong the wild man of unwise friendship may do. Instead alone of discrediting a thing useful with-

in certain rational limits, he may give weapons to the men who not less earnestly believe in the very opposite of that which he advocates, enabling them to discredit where but for his self-supplied ammunition they would have no power. It seems to us that the firmly established belief in vaccination is likely to suffer soon unless the vagaries related thereto as seen in present movements are arrested. Already the rumblings of the anti-vaccinationists are loud, and if the believers in serums and bacteria, and microbes, fail to establish their various claims, their downfall will shake the father of them all. For the sake of that which stands well now, let the man of ultra-enthusiasm be careful not to crowd the issues he advocates too rapidly; conservatism cannot harm the truth. This writer is a firm believer in the value of vaccination, he has been taught to accept it; he is willing to await the good that is possibly behind these other related remedies, and new disease theories, and hopes they may bring great good to humanity. But he trembles for vaccination if indiscreet friends of related products discredit the past by their unbalanced praises for something new that is experimental to say the least. Acrimonious public discussions over the value of this or that form of vaccine virus also seem unwise. Already we say do rumblings sound from near and afar, nor is it from some obscure anti-vaccination tract from across the water, it is a silent word spoken by a thoughtful man.

And it is not a question of schools in medicine, nor of professional antagonisms begotten of medical politics. The men who think and the men who talk without thinking, the men who stand ready to accept without a question or to attack without cause, are scattered here and there throughout professional ranks. As a final word to the bacteriological enthusiasts, to the microbe hunter, we say, let the record of vegetable remedies be an object lesson, be considerate for your own reputation if not for humanity, be careful that in your ultra-enthusiastic movements you do not do a greater wrong than would come from conservatism regarding your pet theories. J. U. L.

SURGICAL MISCELLANY.

DERMATITIS.—In cases of dermatitis, where the inflammation extends through the skin to the cellular tissue, one of the best remedies for restoration of the parts to their normal condition, and also for those conditions simulating boils, is the following: Tincture of iodine, 5 parts; tincture of aconite, one part; thoroughly agitate the mixture, and paint the inflamed parts morning and evening. If there is much soreness and pain, a soothing remedy is required; menthol may be applied two or three times in the 24 hours with good effect. If the inflammatory condition has extended to the cellular tissue, and there are indications of pus forming beneath, this condition is better dealt with by a free incision with the bistoury, first anaesthetizing the inflamed tissues with ethel chloride, after which the incision may be made without much pain to the patient, and the oozing of the blood will deplete the parts, and give much relief.

LITHONTRIPTICS.—In a recent article in the British Medical Journal, there is published an old formula for the dissolving of urinary calculæ, which, according to reports furnished the medical journal, seems to have quite a commendationg for the dissolving of urinary liths. The formula is as follows :

Constituents.—4 gallons strong clear limewater ; 2 pounds potassic nitrate ; 1½ pound “purified potash” (? potassic dicarbonate) ; ½ pound Epsom salts ; 2 ounces laudanum.

Preparatory.—The nitre, potash, and Epsom salts are to be dissolved separately in the minimum quantity of water, and the solution poured into the lime water while hot : when the mixture is cold add the laudanum, and allow it to stand twenty-four hours before bottling. The solvent should be brought to the color of brown brandy by the addition of four ounces of burnt sugar.

It is further said that on no account must this solvent be put in an earthenware vessel ; I presume this precaution was given for fear it might dissolve the earthenware (?).

KOPLIK'S SPOTS.—Koplik's spots are a precursor in measles, and are found on the buccal mucous membrane beside the pre-molar tissue of the lower jaw. They consist of fine red dots on the glistening buccal mucous membrane, lasting three or four days prior to the appearance of the eruption of measles, and disappear when the rash has fully developed upon the face and neck of the patient.

An improved gynaecological table for the purpose of obtaining the very best results in bimanual palpations of the pelvic organs, should be made with padded shoulder braces, and with the head-rest and adjustment at the head of the table, so that the table can swing in the exaggerated Trendellenburg position beyond 45 degrees. With this improvement in a gynaecological table, when a patient is placed in this exaggerated position, the uterus is relieved of the pressure of the intra-abdominal viscera and the pelvis is left almost exclusively within its bony vault, the intestines having receded into the upper abdominal cavity. It is then a very easy matter for the surgeon to bi-palpate the uterus, ovaries and tubes, and arrive at a definite conclusion as to their condition. I believe in the future, all gynaecological tables will be made with these additional improvements to perfect the examination of the pelvic organs.

A SURGICAL SPLINT.—A surgical splint for fracture of the lower part of the tibia or fibula, or injury to the ankle joint, may be secured at the small expense of twenty-five or fifty cents in any up-to-date country shoe store, where the merchant keeps all sizes of felt boots. The surgeon can split the felt boot from the top down over the instep, and with shears take out the section from either side until the edges of the felt boot, top and bottom, can be pressed together and firmly

held in position by the application of a few turns of the roller bandage. If the dressing is not sufficiently rigid to immobilize the injured limb, a few pieces of basket splint can be incorporated, or one or two rolls of plaster paris bandage; or the application on the bandage as it is rolled around the limb, of german water glass or shellac. These felt boots hold the injured limb immobile, and are quite comfortable. The ingenious surgeon can adapt the above to his use, and they are very inexpensive.

RICE BODIES.—In a recent case, simulating the german mouse joint, or cartilaginous bodies within the knee joint, I found upon extending the incision, several little white bodies very like cartilage, and also like softened bone tissue, quite a number imbedded in a pocket of synovial tissue. These bodies have received the name of rice bodies, and are supposed to be a product of a tubercular lesion. They should be dealt with by the complete excision of the synovial tissue encompassing these rice bodies, and an obliteration of these bodies by deep suturing and by an abundant usage of iodoform dusted freely into the wound before its closure.

PROFESSOR VIRCHOW INJURED.—A telegram to the secular press from Berlin under date of January 6th, recites the deplorable fact that Prof. Rudolph Virchow, the greatest living pathologist, had slipped while alighting from a street car, and fractured his thigh bone. It is to be regretted that the latter days of this grand old man should be clouded in pain and the confinement incident to so serious an injury, as the fracture of the femur in the aged.

In the Court of Appeals of Kentucky, the court reversed the trial judge for error in the trial of a lady who had been injured in a railway wreck, and sued the company for damages. The claimant testified that the hand was so injured, that two of the fingers she could not possibly close. The railway company claimed that she was a malingerer, and offered to introduce expert witnesses who should examine the injury and report to the court their finding. The trial judge overruled the motion to compel the lady to submit to the examination of expert witnesses. On this account, the Court of Appeals held that it was an abuse of discretion with the trial judge.

L. E. R.

PLANTAGO MAJOR.

This is the common plantain that grows almost everywhere. It has been used in medicine for a long time, and various properties are ascribed to it in the text-books, as alterative, diuretic, antiseptic, astringent, anodyne, demulcent, and vulnerary. It is possible that it acts in these various ways, but in many of these cases we have remedies superior to plantago.

The fresh leaves of plantain pounded in a mortar, or the juice from the fresh plant, are highly recommended as a local application to

the poison or bites of serpents, spiders, insects, etc.; also to old wounds, ulcers, eczema, erysipelas, and to chronic cutaneous affections generally. It is also highly praised for its efficiency in rhus poisoning, and in bruises, burns, scalds, etc.

Perhaps the most certain action of plantago is in toothache. The necrotic cavity is thoroughly cleansed and a small pledge of cotton is saturated with specific plantago and crowded into the cavity. A repetition of the application in half an hour is seldom required.

From the fact that the cotton pledge wet with specific plantago, and a few drops of it given at the same time internally, frequently relieves a stubborn earache, and that tic doloureux is also often relieved by its administration, together with its action in toothache, it is suggested that plantago has a specific effect upon the terminal filaments of the sensory division of the fifth nerve. The alterative effects of plantago are said to be best obtained by the administration of from two to four fluid ounces of a strong decoction of the fresh herb three or four times daily. In this way it overcomes the direful chronic effects of syphilis, mercury, or scrofula (or perhaps we should now use tuberculosis instead of scrofula). We do not care to say that tuberculosis may be cured by plantago, but we do say that *some* of its ill effects may be materially lessened by its use. But notwithstanding our own individual opinion we notice that some authorities quite eminent in the profession strongly suggest or advocate the use of plantago in incipient phthisis pulmonalis and the hemoptysis incident thereto.

The internal use of plantago is followed by beneficial effects in many gastro-intestinal disorders, in which colicky pains prevail. It may relieve a diarrhea, or a dysentery, or a cholera infantum.

It is a commendable remedy in some erythematous conditions of the skin, when there is pricking, itching, or burning of the surface, as in erysipelas. It is said to have a special action upon the urinary apparatus, as it frequently overcomes disturbing hematuria and distressing dysuria. It is as well a remedy in some cases of below part tissues or organs of the female, and the consequent leucorrhea or menorrhagia. The use of plantago is highly recommended in cases of persistent bed-wetting, when the sphincters are relaxed and the urine is pale and profuse, both colorless and watery.

Plantago major in the form of the specific medicine should be given in doses of from one to five drops, largely diluted with water. W. E. B.

POLYTRICHUM JUNIPERUM.

This is the old hair cap moss, so highly esteemed by Profs. King and Jones. Though it sometimes fails to bring about the desired effect, we are charitably inclined toward its failures, and attribute them in most cases to a poor drug or a poor preparation of it. The remedy has very little smell or taste, and is not nauseating. We do not know why the remedy has been so sadly neglected in recent years,

unless the interspersed failures injured its reputation. It is without question a diuretic. Two fluid ounces of the infusion of the fresh plant taken every half hour for a few doses have been known to bring about the discharge of from twenty to forty pounds of water in twenty-four hours. It is superior as a water remover to pipsissewa, elder or eupatorium purpureum, all of which are very creditable remedies. Either one of these latter may be given in alternation with hair cap moss, if desired.

Polytrichum is highly recommended in the uric acid diathesis, and in cases of strangury, and in the suppression of urine from cold. In severe cases of dropsy from either liver or kidney affections, benefit may be derived from the administration of polytrichum. It can be given in connection with hydragogue cathartics to remove the ana-sarca. In cases of irritable bladder, when the urine is scant and disturbing, hair cap moss brings gratifying results. In phoepatic gravel, or in fact in any calculous-forming condition, in which a flooding flow of urine will wash out the debris and deposits from which the stone ultimately forms, hair cap moss should not be forgotten. It is not recommended as having any special solvent powers, but the free discharge of water destroys the tendency to gravel or stone formation. It is certainly an excellent remedy in any case of irritation in or about the bladder, in which the topical application of water from within will prove curative. The dose of the specific medicine is from five drops to one drachm every one to three hours, to be taken in an abundance of water. Report your successes or your failures with polytrichum to the Journal.

W. E. B.

ECLECTICISM, AND THE PRESENT DUTY OF THE ECLECTIC PHYSICIAN.

There never was time in the history of Eclecticism when the methods of our school were as popular,—were sought after as eagerly as now. There never was a time when the importance of the work our school has done, was as near general recognition as now.

But these facts are not recognized by the mass of our physicians. We are too lethargic; we are too self-absorbed. The true enthusiastic eclectic spirit is at too low an ebb. Every man that calls himself an eclectic should emblazon that fact abroad and should become inspired with a greatly renewed enthusiasm,—an increased zeal and diligence for the cause.

We have in our school about ten thousand physicians; of these not one-fifth belong to a medical society, and not four percent belong to our National Association. This is a deplorable fact. The homoeopaths have the same number of physicians we have and yet about one-fifth of the entire number belong to their National Association.

The vital importance of organization is not appreciated. If we had two thousand members in our National Association to-day, work-

ing enthusiastically for the recognition of the rights of our physicians, there is absolutely not a thing we might desire reasonably that we could not have. It is of the utmost importance that every recognized eclectic physician join at once a good well organized and energetic society.

Again, there is an enormous demand for eclectic physicians. We cannot begin to supply the demand. Our colleges, while well filled with students, should be overflowing. The colleges should be forced to enlarge their capacity 100 per cent. If every individual physician realized his personal duty to the great body of eclectic physicians this could soon be accomplished.

We have about two thousand men belonging to our national, state and local societies. In twenty-six states we have good societies. In six other states the society which has not been in working order for a few years is being reorganized this year, and will be put upon good working basis. In six states and territories, new societies are in process of forming, and will be perfected before June. In several states the society will take a new lease of life this year, and will accomplish more than ever before.

All this will bring about a most inestimable good to the cause, and I would urge upon the physician who reads this to make an unusual effort this year to co-operate in the upbuilding of his local society; to extend his enthusiasm to the National Society and to do his best to show his pride in, and love for the school of medicine which has brought him success and prosperity. F. ELLINGWOOD, M.D.

PRUNELLA VULGARIS—Heal All.

The dose of specific prunella is from five drops to one drachm in water every two to four hours. It is astringent in its action, and has a wide reputation among those of the laity who use herbs to any extent. Prunella is recommended in diarrheal and intestinal troubles generally. It is a remedy for hemorrhoids, though in our opinion there are others that are more active. In hemorrhage from the bowels heal all has a mild astringent effect. It may be used in any disease in which astringent action is indicated. The infusion of heal all is of marked benefit when used as a gargle in throat and mouth affections, especially when of the aphthous variety. W. E. B.

GEORGE COVERT, M. D.

Died, at Clinton, Wis., January 10, 1902, Dr. George Covert, E. M. I., '63. Dr. Covert was 72 years of age, and had been one of the pioneers of eclecticism in the North-west for 50 years. He was one of the leading members of the State and National organizations for many years. In 1891 he was elected President of the National. At one time he held the chair of Gynecology in the Bennett Medical College.



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BOOK NOTICES.

TRANSACTIONS OF THE ECLECTIC MEDICAL SOCIETY OF NEW YORK, including Minutes, Reports, Essays, etc., of the fortieth annual meeting, held in Syracuse, May 16, 17, 1900. Vol. XIX. Edited by Geo. W. Boekowitz, M. D.

This very creditable and neat publication contains much to interest physicians of the present, as well as to prove of value in the future. Part I contains the names of the officers, reports of committees, etc. Part II contains the papers read at the meeting, requiring some eighty pages for their record. Part III consists of addressees delivered before the Society, while Part IV carries the constitution, by-laws, code of ethics, and requirements for license to practice medicine in the State of New York. The work ends with a list of members. Taken as a whole, the work is very complimentary, and this reviewer considers it a valuable addition to his library.

J. U. L.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. By A. C. Cowperthwaite, M. D. Including a Section on Diseases of the Nervous System, by Prof. W. B. Delamater. Chicago: Halsey Bros. Co. Price, cloth, \$6.00; half morocco, \$7.00.

This is a most beautiful volume, the acme of the bookmaker's art. It contains about 1100 pages. Its author has been one of the prominent homeopaths of America for a quarter of a century, and his teaching of and books on *materia medica* and *therapeutics* have long held a leading place in homeopathic literature. The work before us is Prof. Cowperthwaite's last and greatest literary effort, and must add to his glory as a writer and physician.

All diseases are treated clearly, successfully, systematically and in an up-to-date manner. The very latest knowledge upon pathologic, etiologic, and diagnostic topics are to be found in it. Prophylaxis,

hygiene, sanitation, etc., also receive the full attention that their importance demands. The feature that will most strongly appeal to the practical physician is the *best treatment* of the various diseases. Under general treatment is found full discussions and explanations of mechanical and palliative means and measures. The therapeutics is homeopathic, plain, practical, complete.

If Journal readers desire a late homeopathic practice, we know of none better, and suggest this one to their consideration. It is plain and practical; the late fads and theories are not made the prominent part of the work. This feature—the practice—is based upon the twenty-five years of practical experience of the author, and we all know what that means. It is a good book.

W. E. B.

THE FOUR EPOCHS OF WOMAN'S LIFE: A Study in Hygiene. By Anna M. Galbraith, M. D. Philadelphia: W. B. Saunders & Co. 200 pages, cloth, price \$1.25 net.

This book is designed particularly for the laity, and it contains facts and information that would be of incalculable benefit to every woman, and especially those recently married or who may contemplate the same, should they read it. It is arranged in four parts, viz.: 1, Maidenhood; 2, Marriage; 3, Maternity; 4, the Menopause. Each part is divided into various chapters, in which the subject matter is cleverly treated. Following the last chapter is a comprehensive glossary of the medical terms used in the work. We are pleased to commend this little volume to any one desiring something of the kind.

E. C. W.

AMERICAN EDITION OF NOTHENAGEL'S ENCYCLOPEDIA.—TYPHOID AND TYPHUS FEVERS. By Dr. H. Curschmann, of Leipsic. Edited, with additions, by William Osler, M. D. 646 pages, octavo, illustrated. Philadelphia: W. B. Saunders & Co. Cloth, \$5.00 net.

This volume possesses unusual merit in that it combines with the thoroughness of the original German editor the practicability of American research. The latest discoveries have been added in the chapter on Bacteriology, while many minor additions have been made to the chapter on Pathology. In the treatment of typhoid the general management is to be highly commended, though the use of antipyretics is to be condemned, though the doses are smaller than formerly. The physician who keeps abreast of the times will be highly pleased with the work, and can be assured that the work contains the latest knowledge on this prevailing subject.

R. L. T.

PRACTICAL MEDICINE. By F. Mortimer Lawrence, M. D. Boericke & Tafel. Cloth, \$3.00.

In his preface Dr. Lawrence states, "The book is intended for students," and for this purpose it serves an excellent means. His definitions are clean cut, and all his subject matter well expressed, and the homeopathic student gets the essentials of the disease treated.

JOURNAL ADVERTISER.

ECHAFOFTA

THE BEST REMEDY
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"During the recent summer, I believed I saved the life of a little negro boy by the use of Echafolta and this remedy alone. He was about four years old, and his surroundings were of the most unsanitary character and his nursing the poorest imaginable. In spite of these unfavorable conditions he recovered after an exhaustive disease lasting more than two months. The trouble began very much like a case of continued fever, but of a low type. He continued to get worse and about the second week experienced an alarming condition approaching collapse. The heart action became very feeble and intermittent. Following this depression came an exhaustive diarrhea of a choleraic character. I easily controlled this diarrhea with rhus aromatica. At this juncture septic infection became evident and the lungs were involved with a pneumonia of quite pronounced severity. I then began administering ten-drop doses of Echafolta. This had the effect of mitigating the symptoms considerably, and in a few days his condition was so much improved that I stopped the remedy, and then the symptoms became greatly aggravated. I again resumed the Echafolta, when a complete change for the better took place, but it was followed by another profuse diarrhea and I discontinued the Echafolta and again controlled the diarrhea with rhus aromatica. At this stage of the disease (third week) circumscribed, inflammatory swellings appeared on various parts of the body. These were sluggish, and, at first, quite painful, but soon developed into abscesses and would break spontaneously, discharging a sanguous and offensive pus. The abscesses continued throughout the course of the disease (ten weeks) and numbered at no time less than six, appearing chiefly near the joints, on the neck, in the groin, on the back and one on the scalp. Feeling convinced at the time that Echafolta was the only remedy administered that seemed to hold the disease in check, I put him on ten-drop doses every three hours and kept him on it until complete recovery took place. From what I observed in this case I believe that the boy could not have lived without the remedy, for whenever it was discontinued he became alarmingly worse, and whenever it was resumed, his condition became better so promptly that I could attribute it to no other cause. The boy to-day is strong and hearty and shows no ill effects of his serious illness."

H. W. FELTER, M. D., Cincinnati, Ohio.

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stones, upon which the superstructure of Eclectic
Medicine has been built, and upon which it rests
unshaken."

EDITORIAL FROM E. M. JOURNAL.

We can hardly agree that every diphtheria patient should receive the antitoxin treatment. However, there is far more to praise in this work than there is to criticise, and we can say without hesitation, the book is worthy a place in every physician's library.

B. L. T.

THE COSMOPOLITAN.

In the February Cosmopolitan, Mr. Lewis Nixon writes on "The Development of Shipping in the United States." He notes the steady demand for ocean-going American bottoms, which "will make the United States] of America the great shipbuilding and shipowning country of the world." Mr. Nixon thinks that with the building of a Central American canal the trade of the West Indies and South America will be of over-whelming importance, and that this led to the recent purchase of a West India steamship line by the Hamburg-American Company. He thinks some method will doubtless be advised by which the fleets of the Leyland and Atlantic Transport lines will carry the American flag.

LIPPINCOTT'S MAGAZINE.

The February Lippincott's has some interesting Lincoln history from Mr. Leslie J. Perry, late of the War Records Office at Washington. Mr. Perry explains why such a surprising proportion of President Lincoln's most important dispatches are dated from the War Office, instead of the executive mansion, while none of them are from the other administrative bureaus. Mr. Perry says that this did not mean at all that Lincoln personally liked the Secretary of War better than any other of the cabinet officers, but is simply explained by the fact that the army operations being the all-important business of the time, Lincoln habitually haunted the War Department, and had his head and heart strenuously concentrated on the fight, wherever it might be. Mr. Perry prints a number of Lincoln's war dispatches to show how the President's faculties never lacked in vigor or the element of precision under any circumstances.

SCRIBNER'S MAGAZINE.

In the February Scribner's, Mr. Frank A. Vanderlip continues his articles on "The American Commercial Invasion of Europe." He tells, in this chapter, of his investigations in Germany, Austria-Hungary, and Italy. He is very much impressed with the ability of the Germans as financiers as well as manufacturers, and he thinks the opportunity for American capitalists to teach them lessons is not as good as in most other European countries; indeed, there are many things that we might learn from the Germans, especially in financing and the legislative management of corporations. In Austria-Hungary and Italy, Mr. Vanderlip's inquiries led him to believe that the United States has little to fear from those sources as to any obstacles to its onward march toward industrial supremacy.

COLLEGE AND SOCIETY NOTICES.

National Eclectic Medical Association Committees for the Year ending June 19, 1902.

Auditing Committee—Drs. Standlee, Williams, and Curryer.

Committee of Arrangements and Receptions—Drs. Klahr, Hankowitz, Stevens, Alexander, Farnum, Hurlbut, Laflin, and Graves.

Committee on State Organization—Finley Ellingwood M. D. Chicago, Ill. and 8 others.

Committee on Medical Legislation—Chairman G. Helbing M. D. Bonham, Tex., and 37 others.

Committee on Status—Arkansas, J. L. Vail M. D. Little Rock, and 33 others.

Committee on Registration and Press—Drs. Helbing, Boskowitz, Thomas.

Committee on Location—Drs. Steen, Daniel, and Packer.

Committee to Produce Evidence Against Members Guilty of Unprofessional Conduct—Drs. Carter, Bloyer, Vail, Downs, and Webster.

World's Fair Committee—Drs. Standlee, Holmes, and Farnum.

Committee on Medical Colleges—E. Younkin M. D. St. Louis, Mo., E. J. Farnum M. D. Chicago, Ill., John K. Scudder M. D. Cincinnati, Ohio, G. W. Thompson M. D. N. Y. City, W. H. Durham M. D. Atlanta, Ga., J. M. Keys M. D. Omaha, Neb., D. Maclean M. D. San Francisco, Cal.

Committee on Necrology—Drs. McLean, Younkin, Bloyer.

Committee on Exhibits—Drs. Bailey, Howes, and Ellingwood

Committee on Prize Essay—J. R. Borland M. D. Franklin, Pa. J. W. Hamilton M. D. San Francisco, L. S. Downs M. D. Galveston, Texas.

The annual meeting of the Eclectic Medical Society of the City of New York will be held at Albany, April 2nd. The President, Dr. F. P. Sinclair of Lysander, is making every effort to secure a large attendance. All those who intend submitting papers should send their titles to the Secretary, Dr. S. A. Hardy, 239 E 32d, street, New York.

We wish to call attention to the new advertisement of the Maltine Company in this issue of the Journal. The Maltine Company advertised with us several years ago. They are now offering a first prize of \$1000 in cash and a second of \$500 for the best essay on preventive medicine. We notice that the following distinguished medical men have been selected as judges: Prof. Daniel Lewis of New-York. Dr. Chas. A. L. Reed of Cincinnati, and Dr. John Edwin Rhodes of Chicago.



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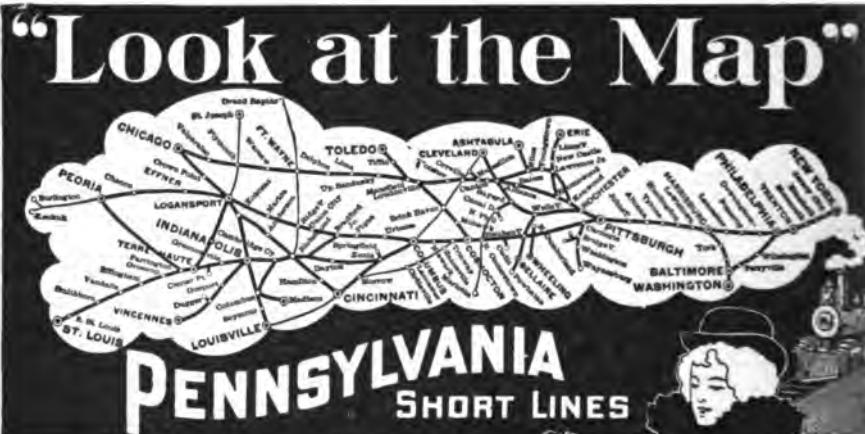
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The Eclectics of So. California have started a movement looking towards the organization of an Eclectic Hospital at Los Angeles. Drs. Welbourn, Conrad, Solomon and Perce are interested in the matter, and we wish them every success.

The twenty-eighth annual meeting of the Ga. E. M. Association, will be held at Atlanta, March 27 and 28. Reduced railroad rates have been granted on the certificate plan, and a large attendance is anticipated. All of the Georgia Eclectics are urged to write the secretary, Dr. W. M. Durham, 77 ½ Reachtree st. Atlanta, and make the necessary inquiries.

PERSONALS.

Dr. U. O. Jones, E. M. I., '99, of Seville, O., with the assistance of Drs. Bechtel and Hollingsworth, successfully removed on Dec. 5th, a sub-mucous fibroid of the uterus. Dec. 14th, the patient was doing nicely. We congratulate the "boys" upon their success.

Dr. P. D. Bixel, E. M. I., 1901, and Dr. J. J. Sutter, E. M. I., 1900, of Bluffton, O., have dissolved partnership. Dr. Bixel bought a practice at Pandora, O. and is now located there. Success to both.

Locations.—Good location at New Lebanon, Ohio. For further particulars address with stamp Dr. O. F. Edwards, New Lebanon, O.

Good opening for a number one Eclectic physician, in town of 2000, good surrounding country. For particulars apply to H. W. Hill & Co., Brunswick, Mo.

Good country location. Well established to one who will buy drugs. A sure thing. Address Dr. E. E. Bechtel, Homerville, Ohio, Medina Company.

Good location, in railroad town of 500 inhabitants in central Ohio. Will sell property, house and barn for \$2000. For particulars address with stamp, Dr. D. O. Roberts, Hanover, O.

Good location, in small town with good surrounding country. For further particulars address with stamp D. C. Hunt, Druggist, Granger, Minn.

Good location for a good Eclectic. Inquire of Dr. C. W. Noble, Hoytville, Ohio, soon.

Locations. Any good Eclectics can learn of good locations by addressing with stamp, Dr. J. W. Reynolds, of Prescott, Kas.

WANTED.—A Graduate of the E. M. Institute 1882, wishes a location, or a partnership. No bad habits, and a worker. Fair reward for the information leading to the location. Address

PERRY WALTMAN, Birmingham, Ohio.

Died, at Benton Harbor, Michigan, February 18th, 1902, of meningitis, Lucy E. Herring, beloved wife of Dr. N. A. Herring.

READING NOTICES.

In a recent paper by Dr. Edwin Pynchon, professor of Rhinolaryngology and Otology at the Chicago Eye, Ear, Nose and Throat College, published in the Medical Summary for October, November and December, 1901, attention is called to the widely varying formulæ given by different medical authorities for the well known and popular compound known as Dobell's solution. Twenty-eight formulæ are tabulated as given by forty-one authorities and a remarkable difference is thus shown. Furthermore other disadvantages in the solution as usually made are cited, and in its stead is advised a concentrated mixture which by diluting with water to the proper degree quickly yields a solution of suitable strength which, when used according to a method described, serves as an invaluable aid in the treatment of nasal catarrh. This preparation, known as the mixture Dobell Pynchon, is manufactured by The Wm. S. Merrell Chemical Co. of Cincinnati, who, upon request, will take pleasure in supplying literature and particulars concerning this compound.

Acute metritis resulting from exposure to cold during menstruation or from gonorrhœal infection usually manifests itself by a chill, more or less severe, with pains in the lumbar or hypogastric region.

The most satisfactory treatment for this condition is rest in bed with an ice coil or bag on the abdomen over the uterus followed by thorough flushing of the vagina with hot water in which has been dissolved Micajah's medicated uterine wafers (one to the quart). After the acute stage has subsided Micajah's medicated uterine wafer inserted into the vaginal canal up to the cervix will exert the anti-septic astringent action so essential in these cases.

I have prescribed Sanmetto for the past six years, and find it quite agreeable to the patients, being very pleasant to take, and of great utility in the treatment of a large number of cases frequently met with in general practice. It has given me uniformly good results in all stages of gonorrhœa, cystitis, prostatitis, irritable bladder and incontinence of urine. I also found it of great value in sexual neurasthenia, and much more satisfactory as an aphrodisiac than any drug that I have employed during my twenty-six years of practice.

W.M. PARSONS, M.D. Chicago, Ill.

Apropos of the disappearance of leprosy, and other skin diseases, we read in Gilbert White's Natural History of Selbourne, in letter 37, written January 8th, 1778, as follows:—"This happy change perhaps may have been originated and been continued from the smaller quantity of salted meat and fish now eaten in these kingdoms: From the use of linen next the skin, from the plenty of better bread, and

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Professor of Ophthalmology, Otology, Rhinology,
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I have no hesitation in saying that I consider Peacock's Bromides invaluable, and have for years used them exclusively in my sanitarium when bromides were indicated. Commercial bromides are crude and rank as compared with Peacock's. The greatest danger of injury to the patient and the product lies in substitution. I now only buy from my wholesale druggist in dozen lots.

ALLAN MOTT RING, M. D., Arlington Heights, Mass.

I have had experience with Neurilla in child-birth and dysmenorrhea, and find it satisfactory so far. I am favorably impressed with its merits, and shall continue its use.

B. F. Whittinghill, M. D., Ellsworth, Ind.





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CINCINNATI, APRIL, 1902.

No. 4.

ORIGINAL COMMUNICATIONS.

MERCURIAL TREATMENT OF SYPHILIS.

By Lyman Watkins, M. D., Cincinnati.

MERCURY may be introduced into the body in several ways. The choice of the method to be employed depends somewhat upon the patient and his environment. Mercury may be given by mouth, by hypodermic injection, by inunction, or by fumigation. The preparation of mercury to be used will be governed by the method adopted for its administration. When the internal use of the drug is decided upon, there are several preparations which may be used; the proto-iodide is perhaps the oldest and in many cases the best form in which mercury can be given internally. But it must not be forgotten that any treatment which seems to destroy the appetite, weaken the patient, cause a decrease in weight, and impair the health, should be abandoned or corrected. In administering the proto-iodide it is well to be cautious in regard to the size and frequency of the dose until it is discovered in what quantities the patient will tolerate the drug without ptyalism or intestinal torments and diarrhea. It is well to begin with one-half grain of proto-iodide three times a day, the dose to be taken after meals. This may be gradually and carefully increased until the pivot of tolerance is reached, when it may be maintained for three or four months; then a rest of thirty days may be taken. The patient should have from the first some preparation of iron; the pepto-manganate is probably the best. The mercury should then be resumed, and continued throughout the secondary period, although if gummatous or other connective tissues or bone lesions intervene, the proto-iodide should be at once resumed. The proto-iodide is best given in pill form, although it may be used in

capsules or in powder. The diet of the patient who is undergoing mercurial treatment for syphilis should be exceedingly generous and of plain, nourishing food, but sweets and soups must be avoided, and indulgence in pastry or dessert limited.

When for any reason the proto-iodide can not be taken, other preparations of mercury may be resorted to. The bichloride of mercury usually comes next, and with some practitioners first; it is less irritating and more kindly received by the stomach when given well diluted with water; the dose should be small at first—one grain of hydrarg. chloride cor. to four ounces water. A small quantity of common salt should be added to insure a perfect solution. A teaspoonful of this mixture may be given after meals. In a few days two grains or the mercurial salt may be added to the four ounces of water, and when the size of the dose which is best borne by the patient is established, it may be maintained for two or three months with occasional lapses. Close attention should be given to the symptomatic indications, meeting such as they arise with the proper remedy, for it is altogether likely that intestinal, gastric, hepatic, or renal troubles may need appropriate medication, independent of and aside from the standard mercurialization.

The mercurial treatment, although to be pursued steadily for a period of eighteen months or two years, may be suspended at intervals for a week, two weeks, or even six weeks, but should then be resumed for a period, and at any time during the discontinuance, should urgent syphilitic symptoms appear, it must be resumed immediately; in no case should it be suspended as long as the disease presents active manifestations.

The biniodide of mercury, like the bichloride, should always be well diluted with water. The dose is a teaspoonful of a solution in which to four ounces of water one or two grains of the biniodide have been dissolved. It is customary to add from a half to one drachm of pot. iodide to the mixture in order to insure the solution of the biniodide. The medicine may be given three or four times a day.

Calomel may be given in pill or tablet, in doses from one-tenth to one-fourth grain every four hours; but calomel is not the best mercurial in syphilis on account of a tendency to rapid and unlooked for salivation, and because of the intestinal trouble liable to quickly arise. It is not as safe or reliable as some other forms of mercury except where rapid action is required in pathological emergencies.

Blue mass, in from one-fourth to one grain doses, three or four times daily, is a reliable, safe, but rather tardy acting preparation. It is not very popular with patients, who soon become disgusted with its odor and taste.

The mildest and least irritating form of mercury is hydrarg. cum crete, or gray powder; the dose varies from one to four grains in powder, pill or capsule; it is suitable for children, and is frequently the best for infantile syphilis. The newer preparations of mercury,

the tannate, salicylate and benzoate have not yet established themselves as superior to the older forms, and are not fully accepted by all physicians who treat syphilis with mercury.

MERCURIAL INUNCTION.—The introduction of mercury into the body by means of its external application to the skin in the form of ointment or salves, is one of the very best methods of treatment. There are, however, advantages and disadvantages in its application. The greatest advantage arising from inunction is, that the stomach is spared and reserved for food and drink and for the reception of tonic and ferruginous medicines. When a rapid effect is necessary this can be secured more certainly by the inunction of mercury than with mercury per oreum. The disadvantages are all in its application : it is greasy and unclean ; patient complains of the odor it imparts to the clothing. It must, as a rule, be applied by a nurse or some one other than the patient ; then skill and experience are necessary in order that the application may be successful and efficient. The educated and cultured classes especially dislike the inunction method ; but there are hardly any cases that are not benefited by a course of mercurial inunction. In applying the inunction, the mercurial ointment, U. S. P., or oleate, is the preparation generally used. The ointment is rubbed on the back, the skin having been thoroughly cleansed. Where professional rubbers are employed, and they should always be if available, the mercury in their vernacular is divided in twos, fours, sixes, or eights. They speak of rubbing twos, fours, etc., and mean thereby that one ounce of fifty per cent. mercurial ointment is divided into two, four, six, or eight equal portions, one of which is rubbed into the skin of the back at each sitting ; the rapidity of the effect depending upon the amount used and the length of time consumed in the rubbing, usually from ten to twenty minutes. The rubber wears a glove of rubber, with which he gently rubs the mercury over the region of inunction.

It is well to begin with eights, which may be applied daily, and if the desired effect is not produced in ten days or two weeks, sixes should be used, and so on gradually passing from this to fours, threes or twos daily, until the symptoms indicate saturation, when the inunction should be suspended or reduced to eights or sixes. It is customary to apply the inunctions daily, especially for a few weeks at first, after which they may be used every other day, or twice weekly ; later on they may be suspended for a season, and then resumed as before. After the inunction is applied the clothing is put on over the ointment unabsorbed. This is of course rather distasteful to those of neat and cleanly habits, but it must be used in this way, and only washed off just before the next application. Those who anoint themselves can not of course apply the medicine to the back ; in these cases the ointment is rubbed on the thighs and legs and in the axillæ. Mercurial inunctions should never be rubbed over the abdominal region on account of the danger of intestinal irritation and diarrhea.

Sometimes the irritation caused by the ointment and by the rubbing results in eczematous eruption with tenderness of the skin ; when this appears a new surface may be selected, when the eruption quickly disappears. Patients treated by inunction are not necessarily required to suspend their usual occupation, except during the time required for the bath and inunction. Sometimes mercury is smeared on pieces of thin oil cloth, oil silk or rubber, and applied to the back or over the region of the spleen, where it is fixed by adhesive strips, and allowed to remain for a week ; it is then removed, and after the interval of a week is again applied. This is not a method very generally adopted, but is suitable in some cases ; it is a feeble form of inunction.

The mercurial chest pad is another method used for the introduction of mercury into the body of the syphilitic. The pads are made of cotton flannel impregnated with mercury, so divided as to be readily vaporized when applied, and is thus absorbed by the patient in respiration when the pad is worn on the chest as directed. The mercurial effect manifests itself in a few days, the heat of the body vaporizing the drug, which is gradually inhaled. This, though a mild and innocuous form of treatment, is hardly adapted for rapid effects, but sometimes salivation will occur unexpectedly. The advantages of the treatment are its constancy, convenience, cleanliness, and the inconspicuous manner in which it can be carried out. In some cases where the pad has, as it should be, been worn at night, the bed fellow of the patient has become mercurialized.

MERCURY BY HYPODERMATIC INJECTION.—This method of treatment for syphilis was introduced by Prof. Scarenzio, of Paris, in 1854. He injected calomel and glycerine beneath the skin. The results were speedy and efficient, but the almost inevitable formation of abscesses at the point of introduction, militated against the general adoption of this treatment. In 1866, Berkeley Hill employed injection of corrosive sublimate with indifferent success. In 1868, Lervin, of Germany, injected the bichloride in combination with morphia ; his results were brilliant, but others who tried this procedure were compelled to abandon it because of the pain, ulcers and abscesses which the injections produced. Martineau, of France, in 1875 and subsequently, succeeded in eliminating these disagreeable features by using the ammoniacal peptone. His results have been but partly confirmed in the hands of others, and there is still some dissension in regard to the general adaptability of hypodermatic injection of mercury, although there is no contention as to the rapid effects. The introduction of mercury beneath the skin, is now for the most part reserved for use in special cases, when rapid effects are necessary. The advantages of the hypodermatic use of mercury are : its rapid effects, the sparing of the digestive tract, the ease and cleanliness of administration, the accurate dosage, and the fact that this part of the treatment is wholly in the hands of the physician. When there are no difficulties in the way, this method of treatment acts rapidly. There is no re-

lapses and tertiary symptoms are rare. There are, however, objections offered to this form of medication, the chief of which is a liability to the formation of abscesses, and in one or two instances, death has resulted from an accidental injection into a vein. The hypodermatic injection of mercury, when properly done, with every precaution and with the use of the least irritating preparation of the drug, is no more dangerous, no more painful, and no more liable to be followed by abscesses than the hypodermatic injection of morphia or other drugs. Shoemaker cites 5295 injections, Mr. J. Astley Bloxam, F. R. C. S. 1924, Hebra, 18000, and many other surgeons, from 300 to 10000 injections without any ill effects whatever. Krauss reports two deaths and Prof. Runeberg two, as occurring from the hypodermatic use of the bichloride.

Many of the bad results of these injections are due to a lack of precaution in administration. Strict antisepsis is an essential factor in their use. This not only includes the instruments used but also extends to the surgeon, patient, and the fluid. The solution to be used should be sterilized, the skin over the region selected for puncture should be most thoroughly disinfected, not only by washing with soap and hot water, but also by an application of pure alcohol followed lastly with a solution bichloride 1 to 1000. The needles also come in for a thorough sterilization, as well as the hands of the surgeon. The needle should be introduced very deep into the muscular tissue. Shallow injections are prone to be followed by abscesses or ulcers. After introduction of needle, before using the fluid, care must be observed to discover whether a vein has been punctured; if such be the case, a drop of blood will ooze from the open end of the needle to which the syringe has not yet been attached. The region selected for injection is usually the back, the gluteal region, or the thigh. Various portions and combinations of mercury have been used and recommended. The simplest and perhaps the best is a watery solution of bichloride: Bichloride mercury 1 gr., aqua distilled 3 ij.

Inject 5 minimis every other day. The quantity of bichloride may be increased to two, three or four grains, if the symptoms do not yield and no adverse constitutional effects appear. The injection may be given every two, four or five days, for a considerable time and then suspended, to be again resumed at intervals. Many other combinations of mercury have been suggested and used with more or less success: Succinimide of mercury in five per cent aqueous solution, salicylate, benzoate, albuminate, the tannate, also the insoluble salts, calomel, oleum cinerum, yellow oxide, black oxide and cinnabar.

The care required, the danger of abscesses and ulcers, and the objections sometimes offered by the patient, all militate against this excellent method in the treatment of syphilis, so that it will probably never become popular and will be reserved for desperate cases and hospital practice. In the hands of the careless and unskilled, much harm may result from the indiscriminate use of mercury hypodermat-

ically. But in the hands of the expert, with the goddess of antisepsis at his right, there is no method of treatment for syphilis which excels this.

Just within the last few months the hypodermic injection of an antitoxin which is made from the bacilli of syphilis, has been heralded to the world from France; while Tommasali reports the cure of several cases of syphilis by injection every fourth day of the serum of lamb's blood. The injections were deep or intramuscular. His results have not yet been confirmed.

THE MERCURIAL VAPOR BATH OR, FUMIGATION.—This method of medication is quite efficient and successful in its results, but is often difficult of application in private practice; it is largely employed in hospital practice and in cities where bath establishments provide facilities and trained assistants. When given at home, the patient is enveloped in a large blanket of wool ticking or rubber which should be tucked in tightly about the neck, leaving head out. He is then seated upon a wooden chair or stool which is also covered by the blanket with which the patient is enveloped. Beneath the chair is placed a vessel containing water on which in another container, is placed the mercury to be vaporized. A spirit lamp placed along side and lighted, the patient soon begins to perspire profusely, the mercury vaporizes and is absorbed. The fumigation should be continued for fifteen minutes, and then the lamp should be extinguished and the patient permitted to gradually cool; when after a good rubbing, he may retire for the night.

Any preparation of mercury may be employed for fumigation but calomel is the salt usually employed. Fumigation is adapted to the exanthemata of syphilis and is useful in syphilitic fever. The patient is prone to feel somewhat faint after the mercurial bath, and may need gentle stimulation. Vapor baths are not adapted to all cases and in some instances, harm may result. They, however, when practicable, not only furnish a method of mercurialization, but by the profuse perspiration which results, cause much effete matter to be thrown off.

DRUG PROVINGS AS A GUIDE IN THERAPEUTICS.

By J. C. Kilgour, M. D. Harrison, O.

IT is an indisputable fact that the blind groping of the empiricist and the blunder of accidents have in many instances led us into the secrets of valuable remedies, just as the quiet musings of the philosopher and the love of study in the field of astronomy have given us an insight into so much of natures harmonious work, and the beauty of her unchangeable laws. But our most reliable guide in therapeutics is the work of the provers in the medical field, and from these results we have a double line of vision, and from the drug action in force we arrive not only at its mode or manner of manifesta-

tion but also at its tissue affinities ; and as these actions arouse in the organism all the energies of the body to throw off this disturbing element we see nature's efforts at normal restoration, and the whole theory of disease and cure is laid bare. When we can perfectly understand the art of diagnosis, and thoroughly know what tissue is affected primarily, and the result in tissue changes, we are then prepared to study the remedy, and when we know the tissue affinities and the results of their action, we are armed with a rational knowledge of therapeutics and medicine is then reduced to and classed with the exact sciences, and the physician educated therein will be as practically correct and as infallible as the mathematician, but whether the world will reach that point in the far away future can at present be only surmised. We take for example the well known action of colocynth to illustrate a point, and it will give us at once the double view. We administer a certain quantity or strength and we get violent purgation and severe cramping pain as its effects on the intestinal tract ; this gives us its affinities and its manifestation of action and nature's manner or mode of antagonism ; now in a few days we meet a case of severe dysentery or cramps of the bowels that affect the patient in discreet paroxysms of regular recurring pain, and we find nature working just as we saw her before, to relieve herself of the influence or effect of colocynth, but she is not equal to the task, therefore we say colocynth is a stimulant to those same tissues as our proving has shown, and we will reinforce nature with just enough to stimulate these parts but not more than stimulate, and so we administer a minute quantity, 2d or 3d decimal dilution, and with the help of this, nature is triumphant. The drug does not have a double action in health or disease or in a larger or smaller dose, but the small dose only reaches stimulation, while with the large dose over stimulation produces such physiological disturbance as to cause disease or paralysis of function and a perverted action. We see in the case of quinine, if we administer it in small and frequent doses to the point of stimulation, we have a manifestation of its action in the typical paroxysm of recurring fever, preceded by the arterial tension and the contraction of the arterioles, and when the effect is exhausted nature restores the equilibrium by relaxation and profuse sweating, and it is an every day fact that when we see this condition, we administer quinine as nature's helper, for by no other means can we bring about a normal condition. We can't twist nature in a wrong direction and restore health any more than we can force a vine to twine round a pole opposite the course of the sun and make the vine grow.

Medicines which are known as general tonics are a delusion, there is no such thing except food, for if every organ and tissue in a man's body were out of harmony, he would not be living, but when one organ or tissue is out of order, and produces a general derangement, a specific tonic or stimulant will correct it and restore the general harmony, and with that a condition of health or concordant action is

regained. These are problems which when understood will take the practice of medicine from the realms of empiricism and place it as one of the exact sciences, and this is the goal to which all research tends, and should we be permitted to look back upon the earth "a hundred years from now" we may behold it, but a correct diagnosis must be our first corner stone, and then a complete knowledge of *materia medica* and the thing is done, provided we are also familiar with physiology.

GREEN DRUGS.

By G. L. Tinker, M. D., New Philadelphia, O.

MANY of our older Eclectics will remember the inferior quality of the fluid extracts in use from 35 to 40 years ago, and that the late Prof. J. M. Scudder was one of the first to condemn them. He then introduced a line of specific medicines that proved to be a vast improvement. To him also belongs the credit of advocating the use of green drugs. In the Journal he frequently referred to the "life of the plant" in medicine. He believed that often in the process of drying, the plant not only lost the life principle but other properties of value. But the majority of physicians were not ready at that time to endorse his advanced views; they had used powders and pills and extracts of dried drugs too long to fall into line all at once. Specific medication was then in its swaddling clothes, and the shot-gun prescription ruled supreme. The Professor clearly foresaw that there could never be any advance along the latter lines while the success of the new principles in practice were dependent upon an absolutely reliable plant preparation. He assumed with cause that nature as a fabricator had a clear lead over the most expert chemist.

With Eclectics at least, the use of the olden time preparations and the modern tablet is steadily on the decline. On the other hand, it is a pleasure to note that manufacturers are steadily advancing. But the work so clearly and forcibly outlined by Dr. Scudder is only fairly begun. He was at least a century in advance of his time!

Shortly after graduation in the year 1868, I constructed a large iron mortar and pestle, weighing 134 pounds, and a very strong iron press weighing nearly 100 pounds. Thus equipped I was enabled early to prepare tinctures from green drugs. I had also studied botany, and was well acquainted with our indigenous flora. The first green plant of the *collinsonia* Prof. Scudder ever saw I had the honor to show to him. It had long been one of his favorite remedies, but he scarcely realized at the time how much more valuable was the green than the dried of this useful remedy.

In preparing these green drug remedies it was soon found that they could be made to a uniform standard of a pint of fluid to a pound of the green drug. In some cases pure alcohol was used; in others more or less water was added, the aim being to have each contain not more

than 50 per cent. of alcohol to preserve it. To fully extract the virtues of resinous drugs like mandrake, spikenard, elecampane, etc., I reserved a small part of the alcohol, and after the first pressing it was added to the drug and again pressed. The two liquids were then united. If there was not a full pint of extract to the pound of drug a little water or alcohol was added. By this means the virtues of every green drug I have so far tried can be fully exhausted.

These preparations are all elegant in appearance, may be added to water or mixed with each other without causing a precipitate, and they invariably retain the peculiar odor and taste and active properties of the drugs they represent. They are so unlike the fluid extracts of the dried drug that no one not acquainted with them would recognize them by the color, odor, or taste. And I have proved over and over again, that these radical differences extend to their active properties. While I do not know that they contain the life principle of the plant, there is every evidence that they do.

Some are not as strong as the same preparations from the dried root, and some are very much stronger, although all are sufficiently concentrated for all practical purposes; and inasmuch as any further concentration must impair their virtues, it should not be attempted. Let the dried (dead) drug and its fluid extract rest upon its own merits, and the green drug and its preparations the same. A long experience in the use of green drug preparations warrants me in believing that upon trial all physicians will prefer them. Furthermore, there is evidence that the day is not far distant when the use of fluid extracts from dried drugs will be wholly abandoned.

In conclusion, allow me again to call attention to the fact, by way of emphasis, that a preparation of the green drug differs in its properties and uses from that of the dried plant, and that in all cases it is more potent for good, and in some cases immensely so. My experience with a number of these new agents will follow in other articles.

ANGINA PECTORIS.

By H. A. Shafor, M. D., Detroit, Mich.

STERNO-CARDIA, or breast pang, is supposed not to be an independent disease, but a symptom associated with a number of morbid conditions, especially of the heart and bloodvessels, more particularly with sclerosis of the root of the aorta, and changes in the coronary arteries. Authors differ considerably as to the direct cause of this rather uncommon malady, and various theories are advanced.

Some claim it is a neuralgia of the cardiac nerves; others that it is a cramp of the heart muscle itself, and still others hold that it is caused by the distension of the ventricular walls which is brought about by the dilatation that accompanies the affection of the coronary arteries. I believe up to the present time no particular *germ* has been found responsible for this condition. However, pathologists agree

that in fatal cases of angina the coronary arteries are almost invariably diseased, either in their main division or there is endo-arthritis with narrowing of the orifices at the root of the aorta. On the other hand, in a large number of cases where extreme sclerosis of coronary arteries is present, no angina symptoms manifest themselves.

These attacks are more common in males than in females, and between the ages of 40 and 50 years; they usually follow some extreme exertion or sudden muscular effort. Intense mental emotion, especially anger, is a frequent exciting cause.

The patient is taken suddenly with exquisite pain in the region of the heart; there is dyspnoea and a sense of great constriction. The pains radiate up and down the neck and down the arm. There is frequently numbness of the fingers, or in the cardiac region; there is an expression of great anxiety, with an attitude of silence and immobility. These symptoms, with a sense of imperative dissolution which the patient experiences, make it the most agonizing suffering one could imagine. During my brief medical career I have met with four cases which I diagnosed angina (true or false) and which both yielded nicely to the treatment applied. Three were in males and one in a female. Nitrate of amyl and chloroform inhalations, nitro-glycerine, crataegus oxyacanthus, and quite a number of specific remedies are recommended. Internally we gave of digitalis and cactus each a half drachm in half glass of water. Of the mixture gave a teaspoonful every fifteen minutes until three doses were taken. Chloroform was applied locally over the region of the heart and side of neck. This was accomplished by turning a small quantity of chloroform upon the hand, and holding it firmly over the affected part until the patient complained of the burning. The hand was then removed to another area, and so on till the pain was relieved.

I usually leave a few pills composed of digitalis, cactus, and the arsenates of iron and strychnine, to be taken one three times each day for several days following these attacks. These were the indicated remedies as I saw them, and they were not found wanting. However, the next case may require something different.

SCARLET FEVER.

By W. R. Fowler, M. D., Pottsville, Texas.

READING several articles in the last few months, written by seemingly otherwise good physicians in which the contagiousness of scarlet fever is disputed, I find the claim made that the disease is not a dangerous one, and easily treated to a favorable issue.

In the spring and winter of 1896, I treated a number of cases of scarlet fever in children ranging in age from three to six years. All the characteristic symptoms were present: sudden onset, rash of a bright scarlet color over the entire body, tongue presenting the pecu-

liar strawberry appearance, and particularly the sore throat. In addition to this, we had an epidemic of the disease, which made our diagnosis beyond question. The treatment was along the line of specific medication. The remedies indicated chiefly were, aconite, belladonna, phytolacca, baptisia, and chlorate of potash. The throat was washed frequently with peroxide of hydrogen one part to two of water. This with fluid diet constituted the treatment. As many as thirty cases were treated from first to last, and not a single death.

In the spring of 1900 one of my families living thirty miles away at the time, had scarlet fever, all their four children being attacked—none of them dying, however. During the desquamation whole casts of fingers with some of the nails, as well as a great quantity of epidermis, peeled off. The mother of these children collected quite a quantity and placed it in an ordinary paste-board shoe box. When the children had all recovered, the family moved into a neighborhood fifteen miles away, where I made an occasional visit.

In February, 1901, a neighbor family with one little boy visited their new neighbors. The conversation turning upon scarlet fever, the hostess brought out her shoe box of relics, and exhibited them to her visitors, making a special display for the benefit of the little boy, telling him that those casts came off the fingers and toes of just such little boys as he.

Four days afterwards the little fellow had a chill, followed by high fever, sore throat, scarlet rash over the entire body, the characteristic strawberry tongue, and all the main features of malignant scarlet fever. A sister of the mother of this child visited them from the first to the fourth day, with her three children; a brother of the father of the child with his four year old son visited them on the third day of the little boy's illness. On the fifth day of his illness I was called to see him. It was almost heart rending to see that little fellow grappling almost in the jaws of death. I warned the visiting families of the danger in thus exposing their children, whereupon they all went home. No other children in the neighborhood were exposed, and no others had the disease. Every child exposed had scarlet fever, and in its worst form, and every one of them died.

My treatment embraced large doses of echafolta, aconite and belladonna, baptisia and chlorate of potash. Their throats were washed and sprayed often with listerine, carbolic acid and glycerine. There was very little variation in any of the cases, all dying between the fifth and eighth day.

In my thirteen years experience I have never before encountered anything that gave me so much anxiety while it lasted. From my recent experience I conclude with that master clinician, Dr. L. S. Downs, of Galveston, Texas, that scarlet fever is contagious and in its virulence perhaps the most fatal disease of childhood.

CACTUS AND PULSATILLA.

By W. H. Hartley, M. D., Sydney, N. S. W. Australia.

MY experience with these remedies extends over twelve years, and I prescribe them daily. Whenever I use both at one time I give them in combination; this has proved so satisfactory in my practice that I have never thought of using them in alternation. I prescribe them in the conditions named by Dr. B. in the February number of the E. M. Journal for 1901. viz, in those generally termed nervous. In using them singly I have found that in certain cases one may sometimes be substituted for the other with almost equal benefit, but these are rare; in most, special indications are needed that more definite results may be obtained. Though both agents are indicated in the condition known as nervous, I think there are certain special symptoms which may be regarded as indications for one or the other.

So far as my experience goes, the peculiar nervous dread of the pulsatilla case is a vague undefinable feeling of impending danger, of something going to happen, unhappy state of mind without tangible cause, the patient feels depressed and sheds tears readily with little or no provocation, and will generally admit the folly of so doing, though unable to control the impulse.

The pulse is generally full, soft and easily compressed, at times it is a little jerky or tremulous. The dread of the cactus patient has something more definite about it, there is also fear of something going to happen, but it seems an apprehension of some physical danger; indeed many of my patients have located the trouble in the region of the heart, and have expressed fears that they would drop dead.

This has occurred in cases where that organ was perfectly sound, the wrong being merely functional. At times there is a sense of weight and uneasiness in the chest with difficulty of breathing, etc. In well marked cases the pulse is irregular, it misses a beat and is generally weak.

The dose may be varied according to the action desired. In acute cases from ten to twenty drops of either when using them singly, or the same quantity of each when given in combination, to four ounces of water, will generally be sufficient; dose, a teaspoonful every hour.

In chronic cases the prescription may be pulsatilla $\frac{3}{ij}$ or cactus $\frac{3}{i}$ when given singly (or the same quantity of each when combined) to four ounces of water; dose, a teaspoonful one hour before meals three times a day. In hot weather when vegetable substances deteriorate rapidly, if mixed with water, it is better to prescribe the tincture in a small phial, five to ten drops in a teaspoonful of water being the ordinary dose. Like other specifics they may be given in any form of disease presenting the above symptoms, quite regardless of name, and will rarely disappoint either patient or practitioner.

CALENTURE.

I knew a little maiden—
 Miss Carolina Hayden—
 And she was vastly pretty and
 tumultuously pure ;
 But she was sadly ailing
 With a psychopathic failing
 Which a doctor from Missouri called
 a case of calenture.

This maiden had a lover
 Who never did discover
 That his sweet-heart was the victim
 of a malady obscure ;
 All her vaporings and gushings
 He attributes to “rushings
 Of her feelings to the surface,” and
 not to calenture.

But the doctor still insisted
 That the badly torn and twisted
 Condition of her ethics, and her
 moral temperature,
 Depended on the clinching
 And the everlasting pinching
 Of nerve terminals, and that was
 why she had the calenture.

“Nothing plainer, nor distincter,
 Than the call to stretch a sphincter,
 (Or several of them, if need be, to
 make us feel secure),
 And I’ll wager my position,”
 Continued the physician,
 “That nothing less than this will ever
 cure her calenture.”

But the lovers never tarried,
 But hurried off and married,
 And Nature, by some hocus-pocus, wrought
 a perfect cure ;
 And the lay world split its brisket
 Over how the doctor missed it—
 But *odd* he, astute reader, in this
 Case of calenture?

W. C. COOPER, M. D., Cleves, O.

ECLECTIC MEDICAL JOURNAL.

By C. D. R. Kirk, M. D., Shuqualak, Miss.

HERE comes old Emilie Mary Jane! Bless her old soul! Always loaded to the brim with good things for the busy doctor. She has been coming to my office since '66 without missing a single month, and has brought me out of many hard fought battles with flying colors. I take a half dozen or more journals, from the leading schools, and I would not exaggerate to say that the Eclectic Medical Journal is head a shoulder above them all. We hear the "regulars" speak of "up-to-date doctors." No M. D. is an up-to-date doctor, so far as facts in medicine are concerned, unless he takes and reads the leading Eclectic medical journal.

Many years ago when I was taking my first lessons in specific medication, I had a case of erysipelas of the face. It originated in a lachrymal abscess, and soon spread over the entire face and head, and the swelling and distortion were so very great that a most intimate acquaintance would not have recognized the patient, his eyes were completely covered with swollen tissues, and his nose was two inches across. There was a very high range of temperature, and a weak and unsteady pulse. I was called to treat the first symptom and remained with the patient all the while. Of course the tincture of iron and copper poultices were tried, as they were known to be good in erysipelas, but it was soon apparent that those remedies and many others were not checking the disease, as it went on from bad to worse, and it was a very mean case, that unless the disease was controlled soon, a fatal termination would inevitably be the result.

Having tried the guess work of allopathy to an alarming extent, I concluded to consult my old friend, the Eclectic Medical Journal, therefore I reduced my remedies to those only that were indicated by the symptoms or pathological condition. After several trials the tongue was protruded enough to see that it was heavily coated with a very dirty white coating—a very plain call for sulphite of soda, and it will suffice to say that it was every thing needed as the patient improved rapidly and was soon well. I will never forget the help I received from the Journal in this case as I was very much interested in the patient—"it was mine now."

The E. M. J. has navigated clear of prejudices and exclusiveness, always grasping a fact in medicine regardless of its origin, yet the "regulars" who know it all(?) point to the eclectic system as an "exclusive plan of practice." In one of those most liberal "regular" journals a doctor thought proper to give all of the systems of practice, save allopathy, a drubbing, especially the Eclectic, who "were exclusive, and spent their time in hunting specifics for a disease." As the journal was "a free for all fight," I answered the doctor and claimed that it was precisely the ignorance of any physician who would accuse the Eclectics of being exclusive, or claim for them that

they spent any time in hunting for a specific for a disease. I made it very plain that we were accused wrongly, and made several assertions in regard to what system was most exclusive. My article didn't appear, and therefore I wrote to the editor to know why it was not forthcoming, in answer to which he informed me that his journal didn't need that kind of article; in other words, "irregulars" were not allowed to reply to allopathic drubbings. This is characteristic of those liberal(?), free for all, "regular" journals. They want all doctors to write for them, but on the least swaying toward the principles of other systems, we are tacitly informed that such articles are not wanted. They are very much like the old church of Rome, "they know they are right" and of course they know that all others are wrong.

CHIONANTHUS IN THE TREATMENT OF DIABETES MELLITUS.*

By A. P. Hauss, M. D., New Albany, Ind.

DIABETES mellitus is a condition characterized by a copious secretion of urine charged with sugar, and due to some as yet imperfectly understood derangement of the glycogenic and glyco-destructive function of the organism.

It is not my desire to dwell long on the etiology and pathology of diabetes mellitus. There are no diseases concerning which so much accurate knowledge has been arrived at, and yet of the true pathology of which we are so thoroughly in the dark. It is not a kidney disease, as was once supposed in its early history, although this impression still prevails among the laity, and naturally so, because the essential evidence of its existence is found in the urine. We all know that we can produce diabetes in an animal by irritating the floor of the fourth ventricle. There are, however, other parts of the nervous system, the irritation of which will produce diabetes.

Noted physiologists claim that autopsies in a large number of the gravest forms of diabetes have failed to discover any lesion whatever. Therefore, while we must admit that the nervous system has something to do with the production of diabetes directly or indirectly, the sympathetic nerve is an important channel for nervous impulse, regulating, as it does, the opening and the closing of the bloodvessels.

It is commonly admitted that in experimental glycosuria there is a centrifugal stimulus of the liver from the nervous centers, either through the vasomotor system or from direct stimulus to the liver cells.

With this brief survey of the etiology of diabetes mellitus, it is clear in my mind that the malady should be treated as strictly a functional disease of the liver, giving due attention to the impaired condition of the sympathetic nerve system. As to the treatment, this resolves itself early to the dietetic, hygienic and medicinal. Dietetic treatment consists essentially in the elimination from the diet of such

* Reprinted from Transactions National Eclectic Medical Association, 1901.

articles as are readily convertible into glucose, viz : The carbohydrates, which are familiar to us all.

Next in importance to the dietetic, is the hygienic treatment. This consist in providing perfect ventilation, bathing and attention to the skin, together with muscular exercises.

The medicinal treatment is a short one with me, like all diseases in which treatment by drugs is relatively inefficient. Diabetes has its full share of reputed remedies, most of which are harmful, much less useful. This cannot, however, be said of all drugs. Specific medication and specific remedies have, long ago, taught me a valuable lesson, that the name of any disease counts for naught when we select our remedies. To correct any functional disease of the liver with the symptoms given later, we think first of Lloyd's "specific chionanthus," You may ask what is my specific indication for specific chionanthus, and I would invariably say, that our patient had a functional disorder of the liver with the following symptoms, namely : Intense thirst, specific gravity of the urine, 1030 to 1040, frequent and copious urination, more or less nervous prostration, loss of weight, night sweats, and in a large per cent of cases, constipation and stool void of bile, being white in color.

Again, why I recommend this special drug is, I have prescribed it for the last twenty-one years in a large practice, where the above indications were present, denoting marked functional disorders of the liver.

Where there is no febrile condition and nervous depression, Lloyd's specific nux vomica should be combined with chionanthus. I prescribe chionanthus in from ten to fifteen drop doses, and the nux in from one-half to one drop doses, when combined, four times daily. The bowels should be flushed every morning, one hour before breakfast, by drinking one to two pints of hot water, to which should be added one-half to one teaspoonful of sulphate of magnesia, or, what is preferable, one-half to one wineglass of French Lick Pluto water in one pint of hot water. This line of treatment should be continued until the specific gravity of the urine is normal.

I can conscientiously say that I have never treated a case of diabetes mellitus along the line herein indicated that has not yielded to the treatment to the satisfaction of myself and patient.

JAMAICA.*

By John K. Scudder, M. D., Cincinnati, O.

ALTHOUGH the West India Islands lie very near us, few Americans have a correct knowledge of them. Information is meager and unreliable, and mental pictures concerning them are often far removed from fact. Since the Spanish-American war, unusual interest has been taken in connection with the freeing of Cuba and

* Read before the Cincinnati Eclectic Medical Society, March 1, 1902.

the annexation of Puerto Rico; and at the present time we are considering the purchase of three small islands from Holland.

Having lately made a trip to the island of Jamaica, I will give an outline of that gem of the West Indies. Christopher Columbus discovered this island on his second trip, and it did not take the Spaniards long to discover the unusual richness of the soil. It was rapidly settled by colonists, and soon became one of the wealthiest properties of Spain, thousands of slaves being imported to cultivate the great estates. Finally England coveted the new domain, sent several expeditions to conquer it, and in 1670 the island was formally ceded to England.



A NATIVE HUT.

Prosperity continued, new roads were built, houses were erected, and the rich lands further cultivated. In 1833 the slaves were emancipated, which resulted in great commercial depression—almost a death blow to the sugar growing industry. Later, an American syndicate built several railroad lines, which have since passed into the hands of the government. It is worthy of note that many of the largest plantations are owned by Americans, and that 40 per cent. of the fruit is imported to our country. Within the last ten years the coffee and fruit industries have increased wonderfully.

All the seaports are small villages, with the exception of Kingston, on the southern side, which, being possessed of one of the finest harbors in the world, has a population of 60,000. The first impression

the tourist receives, on visiting Kingston, is that it is hot; the second, that there are few white people there. With a population of over 700,000 on the island, scarcely two per cent are white. The city, though old, is unattractive. The suburbs, however, are beautiful, and contain the seat of the colonial governor.

The government of the island being English, is excellent, and the courts are worthy of special attention. Every one has a wholesome regard for law, and the "negroes" and "colored" population are well behaved.

The inland town Mandeville lies 2,500 feet above the sea level, and is the center of a large coffee growing district.



PORT ANTONIO.

Port Antonio, on the north side, is the second largest seaport, and is situated at the base of the mountains, and in the midst of an idealistic and beautiful tropical country. The mountains, a mile and a half high, are green to the very top. Port Antonio is the headquarters of the United Fruit Company, an American company, from which immense shipments of bananas are made.

Jamaica is essentially an agricultural country, rum and unrefined sugars being the only manufactured articles, but the sugar industry is on the wane. Coffee, bananas and cocoanuts, furnish the greatest profit, coffee leading. The quality and prices are high, and the production does not nearly equal the demand, of which the best grades

go to England. The cost of producing a pound of coffee is five to seven cents, but it readily sells for 16 to 25 cents. As the method of growing coffee is probably unfamiliar to many of you, I will give a short description.

In starting a plantation, the young trees are set out eight feet apart each way. In two years there will be a sprinkling of coffee; in the third year a small, and in the fourth year a full crop. The trees will continue to bear for thirty or forty years. The coffee berry is a bright purplish red, in appearance much like a cherry. The coffee kernels, like cherry stones, are encased in the flesh of the fruit. Quite a process is necessary to prepare the coffee for market, but with improved machinery it is not expensive.



BLUE MOUNTAINS.

The habitat of the banana plant is totally different from that of the coffee tree; for while the latter flourishes in the mountain country, the former requires a hot climate. Being an extremely heavy feeder, it will only attain perfection on the rich land of the plains. While bananas may be grown anywhere in Jamaica, the large plantations of the white men are always on the flat land, and, as before noted, the largest banana plantations are owned by Americans.

The United Fruit Company has a capital stock of \$12,000,000. They own about 29,000 acres, and lease about 23,000; employ about 2,500 persons in Jamaica, and own 25 steamers; import about 7,000,000

bunches of bananas, 6,000,000 cocoanuts, 100,000 barrels and 10,000 boxes of oranges; besides various quantities of allspice, coffee, etc.

The labor on the plantations is done by both negroes and East Indian coolies.

Banana plants attain a height or 15 to 18 feet. The crops mature during the entire year. Each plant produces one bunch, after which it is worthless, and is cut down, and left to rot on the ground. But new plants, or suckers, from the root stalk, take its place, so that the number of plants constantly increases, which are in various states of growth, with fruit constantly maturing in some portion of the plantation.

There are many fine cocoanut groves or "walks" on the island, but owing to the long time necessary to wait for the first crop, not as much is done in this line of fruit growing. The trees seldom bear fruit until they are seven years old, but continue bearing for a hundred years. Trees average 100 nuts annually, which sell for \$1.50 per hundred and upward. Cocoanut trees thrive only in the sea air, and will not do well if planted too far from the coast.

Oranges grow in perfection on high lands, but at present prices the industry is not profitable, although it is increasing.

In regard to the natural beauties of Jamaica, it can be truthfully said that there are few spots in the world more beautiful to the eye. The wonderfully blue waters of the ocean, the stretches of grass land alternated with bright green tropical foliage, never seen in the north, a back-ground of mountains extending into the clouds, arched by a tropical sky, make a picture impossible to describe, and difficult for a reader to appreciate. The impression made by a first view of the bay, hotel, and harbor at Port Antonio can not be described and never will be forgotten.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

HEADACHES FROM DEFECTS OF THE OCULAR MUSCLES.

Some of the most aggravating cases that present themselves are those suffering from headache due to weakness, excessive strength, or faulty insertion of the ocular muscles. These cases are by no means infrequent, and often tax the skill of the oculist to the utmost to give relief.

Where the muscles are simply below the normal in strength, properly fitted glasses will often relieve the unpleasant symptoms. In many cases the muscles may be brought nearly to the normal, at least near enough to afford relief, by regular rhythmic exercise with prisms. This is often a very slow process, and the patient becomes discouraged, but will nevertheless decline operative interference.

Passive exercise of the muscles has been advised, and in some instances has afforded relief. Graduated tenotomies of the stronger muscles, or advancement of the weaker, has many advocates, but to gain the consent of the patient is often impossible.

Nervous symptoms as well as nervus diseases have been ascribed to imbalance of the ocular muscles. In many cases it is true that the exciting cause is this imperfect action, but the enthusiasts claim too much for their hobby. Many cases of chorea and some cases of catalepsy have been cured by restoring the ocular muscles to approximately their normal balance. Relief has also followed in some cases of epilepsy, but to claim that even the majority of cases can be cured by operative measures is too much.

The headaches resulting from muscular defects are often in the occipital region, the patient often awaking in the morning with this form of headache. The pain may pass from the occiput to the shoulders, and often a precordial pain is present. The headache does not always follow the close use of the eyes, but may result from apparently little ocular exertion; but close questioning will reveal the fact that it will often result from a street car or railroad ride. Window shopping will also produce this symptom; the reason being that the muscles are in a constant state of activity, even when the observer thinks that the eyes have not been used to any extent.

Besides the headache, there may be pain over the insertion of the weaker muscle, as well as more or less congestion at this point. Indistinctness of vision soon follows the use of the eyes in many cases, while more or less contortion of the facial or frontal muscles may be observed in others. Photophobia is present in some cases, but is not a very constant factor.

As is to be expected, medicinal treatment is of little account in these cases, and the various headache powders which are indiscriminately prescribed are as a rule worse than useless, although they may seem to afford relief temporarily, the result appears to be to steadily increase the difficulty.

Each case must be carefully studied, and such measures as appear best adapted to the individual case should be employed; but on account of the difficulty of obtaining the consent of the majority to operative measures, only a partial abatement of the trouble can be expected in these cases.

AURAL MASSAGE.

The efficacy of aural massage has been practically demonstrated as a treatment for diseases of the middle ear that cause adhesions and ankylosis of the ossicles. Many methods and instruments have been devised for this purpose; among these are the musical and non-musical vibratory apparatuses, as well as the various kinds of pneumatic instruments that act upon the drum membrane by suction.

Luceæ has devised a pressure sound whereby passive motion of the ossicular chain is obtained by manipulation. The device consists of a small tube through which a rod terminating in a cup-like extremity passes ; the other end of the rod lies within the tube and rests upon a small spiral spring ; the tension of the spring is regulated by a screw in the handle of the instrument. In use the cup-shaped extremity is applied to the end of the malleus on which it fits. By pressure inward on the handle of the instrument motion is communicated to the ossicular chain, the degree of pressure depending upon the tension of the spring. By pressing the handle of the instrument inward, and then relaxing the pressure, the entire ossicular chain is alternately forced inward and then allowed to resume its former position through its own elasticity.

I have made use of a method similar to Luceæ's, yet in no way would it be considered a modification, although its application and effect are somewhat alike. It possesses an advantage over that of his by being capable of not only forcing the chain of ossicles inward, but retracting them outward, the pressure being governed by the operator's sense of touch, and not by a mechanical device. Instead of an especially constructed instrument, an ordinary cotton carrier is used, on the end of which is a carefully rolled pedgelet of cotton ; instead of the head of the cotton being conical it must be square. This should be about the size of a wheat straw, if the ossicles alone are to be massaged ; but if the whole drum is to share equally in the massaging, the cotton should be a little less in size than the drum circumference. It is to be borne in mind that the cotton is not to be tightly wound at the head, only where it is twisted on the carrier, and the point must be well protected, as the end of the cotton should be brush-like, soft and pliable. After the probe has been carefully prepared, it is dipped into a boroglyceride solution, the strength depending upon the temperature of the atmosphere and the force of retraction desired. Heat and cold affect its consistency ; therefore I would recommend a 30 or 40 per cent. solution.

The merit of the use of boroglyceride lies in the fact that it lessens pain when the probe is applied to the drum membrane ; it also causes the cotton to adhere accurately to its surface, and possesses sufficient tenacity to draw it outward after pressure has been made inward, without undue violence to the parts manipulated. It is a demonstrated fact that pressure over the short process of the malleus produces a direct vibration to the incus, foot plate of the stapes, and membrana ovalis. By this method the chain of ossicles can be vibrated alone by the application being made direct to the short process of the malleus, or the drum membrane, and all can be vibrated at the same time by applying it to the entire surface.

The ear should be massaged under good illumination, and for not over three to five seconds at a sitting. On inspection after treatment the drum will be seen slightly hyperemic, with considerable conges-

tion of Schrapnell's membrane, and along the process of the malleus, which passes off within twenty-four to thirty-six hours. One or two treatments a week are sufficient. In sclerosis this method, like all others, is a failure, but in cases of arrested hypertrophic form, as well as adhesions resulting from acute inflammations, I am sure it will be found beneficial. I have used it for the past nine years, both in my clinical and private practice, which seems to me long enough to demonstrate its value.—*E. J. George, M. D., in Hom. Eye, Ear, and Throat Journal*

SINUS DISEASE.

It is but very rarely that one is able to get a view of the sphenoidal sinus. In one case only has it fallen to my lot to inspect this, and that only after I had removed the greater part of a diseased turbinate in an already roomy meatus. In this instance I was able to pass a tube into the opening and syringe out its purulent contents. In all other cases one has to guide the tube by means of the knowledge of the anatomical position of the cavity. In two cases I have made a diagnosis by this means after all other sinuses had been examined with a negative result, and in one of these I had previously punctured the antrum, and also opened the frontal sinus through the anterior wall by the ordinary operation, which I shall describe later, without finding any pus. I mention this because I feel sure I erred in proceeding on these lines; for, had I removed the anterior end of the middle turbinate (a proceeding I never hesitate to adopt now), and probed the sinus, I should have elicited a symptom which I have several times since evoked, and which I look upon as almost confirmatory of the disease in question. It is that not rarely patients suffering from sphenoidal sinus empyema with caries, complain of severe attacks of pain in the region of the coronal suture. These attacks are intermittent, and are often so acute that for some hours the patient is prostrated, and perhaps vomits during the climax of the pain. If during the quiescent period the probe is made to enter the sinus and to touch the carious spot, the characteristic pain is immediately evoked.

ASSOCIATED SYMPTOMS OF SINUS DISEASE.—Local collections of pus, in whatever part of the body they may occur, almost invariably excite symptoms of some sort which in many cases are pathognomonic. The severity of such symptoms depends partly upon the tension under which the pus is accumulating and partly upon the amount of septic poisons being absorbed.

In chronic sinus disease, unless one of the natural openings becomes closed, the tension on the secreted pus is but small, and hence we lack in these cases the urgent symptoms which acute purulent inflammation excites in other parts. It is, however, usually very different with regard to the absorption of septic products, for we have to deal

with abscesses discharging their contents directly into a part bordering on, if not actually into, the digestive tract. Hence we find that many of the general symptoms present in each case largely depend upon a chronic condition of septic poisoning.

Even though the pus be not pent up under any great pressure, it is not uncommon to find certain local external signs of a deeper inflammation. Thus in chronic frontal and maxillary sinus suppuration, transient edema of the skin overlying the affected area may occur, as well as local tenderness, as previously mentioned. In such cases it is probable that there is some osteitis in addition to an affection of the mucous membrane.

Of general symptoms, those referable to chronic stomach derangement are perhaps the most frequent, being caused by the swallowing of the pus poured out. This is, in fact, a condition of septic gastritis, and it often happens that these symptoms are the main cause of the patients seeking medical advice.

Associated with this condition may be a certain amount of neurasthenia, in which sleeplessness at night, with drowsiness in the day time, especially after meals, and sub occipital neuralgia, with general nervousness, largely predominate.

Pallor, anemia, and its associated symptoms, are rarely absent, and in some cases toxic neuritis may occur.

Asthenopia is another common trouble to which these patients are subject. In one of my cases of combined antral and frontal sinus disease, not only was asthenopia and headache present, but the patient showed such signs of cerebral irritation, such as attacks of maniacal excitement, that the question of confinement in an asylum had to be considered.

Asthma may also be a symptom, and though I have seen patients thus afflicted vastly benefited by operation on the affected sinus, still I must confess to a few failures in this respect.

Meningitis, abscess of the brain, and general pyemia, have all been recorded, but I have been fortunate enough to have seen none of these complications from sinus disease in my practice.—*Dudley Wright, F. R. C. S., London.*

Opacities of the Vitreous and Amenorrhea.

Miss N., aged 16, consulted me on account of muscae volitantes that troubled her, especially in the evening. The eyes appeared normal; vision in each eye 6-6. She reads Sn. 0.5 easily; her refraction is E. The ophthalmoscope reveals many large and small spots in the vitreous of the right eye that move about freely, and also a couple of spots in the vitreous of the left eye. The retina and choroid appear normal, except for a slight anemia; the color perception and the field of vision are also normal. She had not menstruated for the last three months. Her heart and kidneys are normal. The girl is tall, thin and slim, and has a chlorotic appearance. Her appetite is poor. A

relation between the amenorrhea and the eye trouble is therefore probable. A tonic alterative treatment is prescribed. Ferric iodide, milk, eggs, regulating the bowels, daily exercise in the open air, stimulating hip baths three times a week, and diaphoretics.

Rapid resorption followed this treatment, but as the menstruation did not appear at the fourth and fifth months, there was a temporary increase of the opacities at those times. My opinion as to the origin of the trouble was hereby strengthened, and I ordered the same treatment continued. Indeed the success was complete, when after three weeks menstruation appeared, and has since been regular, simultaneously with which the opacities disappeared very quickly, so that at present, after eight months, only a few small ones are visible in the right eye, which do not cause any trouble to the patient.—*Dr. R. Bylsma, in Annals Ophthalmology.*

SETON HOSPITAL REPORTS.

BY PROF. L. E. RUSSELL, M. D.

CASE 3.—E. S., school teacher, was referred to the hospital on account of recurring appendicitis, by Dr. W. S. Turner, of Waynesfield, O., who reports as follows: "Our teacher will go to Cincinnati in a few days to have you perform an operation on account of recurring appendicitis. He had two or three attacks while here during the past year, the last one being quite severe. There was quite an extensive swelling over and posterior to the region of the appendix. In the beginning of his illness, he had a temperature of 103°, with almost complete obstruction of the bowels for several hours. His temperature gradually declined after we were successful in getting an action on the bowels, and became normal in eight or nine days. This last attack was in January. Now, doctor, as this came under my observation during his first attack, and I made the diagnosis of appendicitis, I naturally have quite an interest in the outcome of the case. Kindly let me know what you find following the operation, and I will consider it quite a favor. Thanking you in advance, I remain, W. S. Turner."

This patient had a fourth recurring attack some four or five days before his admission to the hospital. On examination, we found in the right iliac fossa, a little thickening of the tissues, and much tenderness on pressure. Inasmuch as the patient had had the characteristic clinical history of recurring appendicitis, an operation was deemed advisable as soon after the last attack as the patient's condition would permit.

On making an incision an inch below the center of an imaginary line, drawn through the anterior superior iliac spine and the umbilicus, we found a field quite hemorrhagic. This gave us warning that we might expect extensive adhesions in the abdominal cavity, and

such proved to be the case, as the omentum had descended and completely wrapped the appendix in its grasp with as much intelligence as was ever manifest by the fimbriated extremity of the fallopian tube in its grasp for the ovum during ovulation.

I found on further examination of the case, that within an inch of the proximal end of the appendix, a lith had sloughed through, and discharged into the pelvic cavity; and nature had gone to the rescue, with the omentum securely wrapping itself around the appendix, and by adhesive inflammatory exudates, found all en masse to the head of the colon. It was therefore not without difficulty that the appendix was located and enucleated out of its environments and excised.

The thickened omentum was brought up through the incision, and the adhesions carefully broken up; and following the amputation of the appendix and the stauching of all hemorrhage, the omentum was again replaced in the abdominal cavity. The patient was placed in bed very little shocked, and within the next 36 hours, the nurse had succeeded, after giving several broken doses of sulphate of magnesium, in securing two or three good movements of the bowels. The patient's temperature did not rise more than a degree above the normal line, and he has made an uneventful recovery.

In most cases of acute appendicitis, the characteristic symptoms are pain in the region of the appendix with some bloating, a tendency to flex the right leg on account of muscular tension, vomiting, elevation of temperature, and a small rapid pulse. When this condition obtains, it is almost a certainty that the physician has to deal with a case of appendicitis.

The lesion most resembling appendicitis might be classified as typhoid fever, but in typhoid, we have the sluggish onset of the disease, and then a diarrhoea, and the patient is inclined to lie on the back, and there is not much soreness in the abdomen. While in appendicitis there is the sudden high temperature, constipation, vomiting, and the inclination to lie on either side with the limbs flexed. To be sure, the physician should take into consideration the possibilities of intussusception or telescoping of the bowel; also the strangulation of the intestine by a band of adhesive tissue—Meckel's Diverticulum; also the possibilities of rupture. Then the case resolves itself into a differential diagnosis, in which these lesions can be excluded, and the physician arrives at a definite conclusion from the differential diagnosis.

CASE 4.—Dr. McWhinney, of Union City, Ind., brought to our hospital one of the most interesting clinical cases that comes to the average physician, in a life's work. The case was as follows: Mrs. B. aged 45, mother of five children, was taken suddenly ill some three months ago with severe flooding from the womb, followed by intense soreness in the abdomen and severe pains in the uterus. A physician

was called in the case and made the diagnosis of threatened abortion, and treated the patient for some days, but without any success or relief from the hemorrhage or the pain. Another physician was called of the allopathic school of medicine, and after several visits, pronounced the case one of cancer of the uterus, and after treating her some weeks, gave an unfavorable prognosis, claiming that the patient must certainly die within a few weeks of cancer of the womb. During his care of the case, the patient had extreme bearing down pains, not unlike labor pains, and recurring every few hours in the 24. For the relief of this pain, the attending physician gave large doses of morphine, and as the patient seemed to grow gradually worse and greatly anæmic on account of the excessive loss of blood, and the nervous system greatly shattered from the uterine pains and the establishment of the morphine habit, her friends decided that another physician should be called in the case, and it fell to the lot of Dr. McWhinney, who, upon careful examination, decided first, that this was not a case of uterine cancer; 2d., that the patient, with proper surgical attention, could be relieved and make a recovery. Accordingly he brought her to the Seton Hospital, and upon a careful examination we found an intra-uterine fibroid about the size of a child's head, partly protruding from the uterine cervix, the tumor mass blackened and assailed with gangrene. The patient's temperature was high, on account of the septic condition; the bowels tympanitic, and marked evidence of an overwhelming septic peritonitis.

The patient was anæsthetized, and properly prepared for the operation in which I was ably assisted by Dr. McWhinney and the hospital staff. The double pronged tenacula cork screw was gradually forced through the dilating uterine cervix and traction exhibited until it was fairly well forced out of the uterus, bringing with it and almost producing, inversion of the uterus. We were then enabled to enucleate the pedicle, which was about an inch and a half in thickness from its attachments with the uterine tissue; after which the uterine fundus was pushed back into position, and two large strips of iodoform gauze carried well within the uterus, and the lowered ends protruded beyond the introitus of the vagina to act as drainage.

The patient was returned to her room not severely shocked, and during the next 24 hours, the bowels were freely flushed with sulphate of magnesium. This helped to wash out some of the septic material and to encourage uterine contraction, and the free discharge of the excretion of the bowel, womb, and kidneys. The patient made an uninterrupted recovery and returned home within the period of eighteen days, notwithstanding the fact that Dr. McWhinney's opponent followed the patient and her husband to the train to give them free advice that it was useless to send the patient to a hospital, as she would certainly die, and be returned within three days, on account of cancer of the womb.

CASE 5.—Dr. Ekermeyer, of Montgomery, O., presented a case to the hospital of Mrs. R., aged 38, the mother of two children, the last one about five years of age, with a history of a miscarriage some three years ago. The patient had regular menstruation, and at the middle of October, missing two menstrual periods, she feared she was again pregnant, and consulted a physician of the city who attempted to produce an abortion. The patient returned home the next day, and within a few hours was greatly depressed and assailed with severe chills, followed in the afternoon by a high temperature and night sweats. This condition continued for days, when Dr. Ekermeyer was called in the case, and on examination found a protrusion of the pelvic tissue pushing down Douglas cul-de-sac, so that it was almost impossible to make an examination and locate the uterus, which was greatly ante-flexed, and the cervix carried high under the pubic arch, the os greatly dilated and patulous. In addition to the chills, high temperature and night sweats, the patient also suffered bearing down pains which lasted for many hours during the 24. There was much hemorrhage manifest and tenderness—every evidence of ex-uterine pregnancy except the discharge of the decidual membrane.

On arrival at the hospital the condition of the patient was serious in the extreme. A hasty preparation was made, and with the assistance of Dr. Ekermeyer and the hospital staff, a diagnosis was made of pyo-salpynx with septic peritonitis. The uterine cervix was seized with tenacula forceps and pulled downward as far as possible, and then with sharp scissors an intrusion was made into Douglas cul-de-sac which was rewarded by a free discharge of offensive fluid. The intrusion was extended up into the left iliac region and fully a quart of very offensive pus drained away, after which the cavity was washed out with a strong antiseptic fluid, and packed with several pieces of iodoform gauze. The patient was returned to her room very anaemic with a very feeble pulse, which seemed to break beneath the pressure of the finger. The nausea which had been continuous for several days was controlled with small doses of sugar of milk and calomel, after which the bowels were freely washed out with sulphate of magnesium; each day the interne and the nurse used strong antiseptic vaginal douches, and the patient made an uninterrupted recovery.

PERISCOPE.

POSITION IN LABOR.

The St. Bartholomew's Hospital Journal for April contains an interesting paper on "Practical Midwifery in Primitive Culture" by F. C. Shrubsall. He says that neither as a science nor as an art did midwifery, among primitive people, ever attain to the heights reached by medicine and surgery. Whether from modesty on the part of woman or laziness on the part of man, the practice of the art has been

left almost entirely in the hands of the female sex, with the result that, while in uncomplicated cases excellent results are obtained, complications were almost invariably fatal. In three countries alone, Egypt, India, and Japan, did the medical profession pay any attention to midwifery, and in each distinct advances were made. In Egypt the use of the forceps and the vectis was discovered, while in India female midwives were taught the first elements of asepsis.

In the Ayurveda of Susruta, dated by some authorities from the tenth century before the Christian era, it is recommended that women in labor should be attended by "four women of a certain age, used to attending confinements, and who have carefully pared and cleansed their nails." The postures adopted by savages for the second stage of labor are, says Shrubsole, very interesting, the recumbent position, now almost universal in Europe, being scarcely ever met with.

Dr. Engelmann has classified postures under three heads—the upright, the inclined, and the horizontal. The upright posture is again subdivided into the standing, the partially suspended and the entirely suspended. The standing posture is adopted at the present day in the mountains of Upper Silesia. It is also met with in the Philippines, the Antilles, parts of East Central Africa, among the Sioux Indians, and the more uneducated Boers of the Transvaal. The partially suspended position is assumed by hanging on to the neck either of the husband or a friend, as among many of the American Indian tribes, and as was the case during the last century in the north of Scotland; or of the doctor, as prevails in Japan; or by swinging from a rope or branch of a tree, as in Mexico and the Upper Nile Valley. The completely suspended position is adopted in some parts of Brazil, the Southern States of the American Union, in some outlying German villages, and in Finland. The inclined postures are the sitting, squatting, kneeling, and semi-recumbent. The sitting position is found in all quarters of the uncivilized globe—Australia, Malabar, Central America, and West Africa furnishing abundant instances.

From hieroglyphs on old Egyptian monuments it seems probable that it was a common posture at that time, while the obstetrical stool was extensively used in Europe throughout the middle ages. The squatting position, which is the most natural of all for the expulsion of foreign bodies from the pelvis, is widely spread among latterday savages, and has been in vogue from very early times. Bas-reliefs on walls of the temple at Luxor show certain Egyptian queens being delivered in this position, supported by the Hathors and numerous attendants. Statistics collected by medical officers of the United States Army attached to stations in the Indian reservations prove that protracted labor and complications of all kinds, both immediate and remote, are less frequent among women delivered in this position than among those who adopt the recumbent posture. The squatting

position is adopted by women in Southern Arabia, Persia, Australia, Polynesia, and also in some parts of Central Africa.

The kneeling posture is also one with a wide geographical and historic distribution. It was probably the one adopted by the Hebrews, by the Pelasgians, who occupied the islands of the Mediterranean at a time anterior to the siege of Troy, and by the mound builders of the stone age in America. It was adopted in Rome, among the Arabs, and in mediæval Italy and Germany. At the present time, according to Ploss, this posture is assumed in Nicaragua, Eastern Asia, Greece, Finland, and some parts of Ireland, as well as among many tribes from all quarters, of the woman holding on to a stake, or inclined far forwards, as is customary with negroes; upright, the woman holding on to a stake, or inclined far backwards, a pad being placed under the buttocks, the abdomen protruding and the head hanging downwards towards the floor, the customary method of delivering fat women in mediæval Italy. Some tribes adopt the knee-elbow, and even the knee face position, especially in difficult labor.

The semi-recumbent position was probably the one most frequently adopted by the ancients, and is almost universally met with at some stage or other of labor among the savage races of the present time. A marble group from Cyprus represents this as the obstetric position in vogue in that country over two thousand years ago; while a scene on the friezes from the Parthenon and a ceiling decoration in a palace of the emperor Titus in Rome testify to its adoption in classic times. Reliefs on the side of a Peruvian funeral urn show that formerly women in the land of the "Children of the Sun" were delivered sitting semi-recumbent in their husband's lap, a position still occasionally adopted in all quarters of the globe, and by all races, white and colored alike. In the lower grades of civilization men are unwilling to do so much work, in which case the supporter is a female friend; but among the Kalmucks a vigorous young man is selected, and well paid for undertaking this office. The horizontal position is almost peculiar to modern Europe, but is occasionally met with in America and China.

THE MEDICAL TREATMENT OF FEMALE DISORDERS.

It is a common practice to treat a large majority of the diseases of woman by surgical methods, and to class as incurable those that cannot be so treated.

To those who have made a practice of administering medicines for the relief of the many disorders peculiar to the female sex, and have studied these remedies with reference to their most direct action, there has been a growing belief, which has ultimately developed into a positive faith, that medicine is marvelously potent in relieving the distressing pains consequent upon disordered functional operations of the female organs, and in correcting very many of the diseased conditions of the organs themselves.

Without further introduction, I assert that medicines administered according to their specific indications will so prepare women for confinement, that *an easy labor will result in at least eighty per cent of the cases where slow, difficult and painful labors had previously been the rule.* This applies only to those cases where there are no abnormalities, malformations or deformities. A course of this character will prevent very many of the disorders, displacements and subsequent ailments, which are so common among child bearing women.

I cannot here outline the entire course. Attention to the digestive apparatus is of first importance, and patients who have a tendency to the uric acid diathesis should eat sparingly of nitrogenous food. They should drink freely of water, hot or cold, and keep the urine diluted. The nervous system must be watched, no spinal irritation permitted, and general nervous irritability must be allayed. Where there is mental depression and despondency, with constant anticipation of serious results small doses of pulsatilla, four or five times daily, is the specific remedy. If these conditions are accompanied with hysterical excitement and great restlessness and insomnia, hyoscyamus should be given in conjunction with it.

If there be constant muscular aching with irregular pains, especially if uric acid is present in the urine in excess, two or three drops of the tincture of cimicifuga, every two hours until the condition is relieved, is the remedy. Mitchella repens is a royal remedy in the most of these cases. Ten drops of the fluid extract can be given three or four times daily during the last three or four months of the pregnant term. It may be given alone if none of the above specific symptoms are present, and it need not be discontinued if the above-named remedies are indicated. During the last two weeks of pregnancy it may be given in half teaspoonful doses every two hours if previous labors have been tedious. This remedy may be made into a hot infusion and drunk during the progress of a severe labor, often giving immense relief to the patient, with no unpleasant results.

The best remedies we have with which to overcome uterine inertia, to produce normal, regular uterine contractions, are macrotin in from three to five grain doses, and mistletoe. The latter agent, being given during the process of the labor as needed, sustains the uterine action in a natural, uniform and rhythmic manner. It prevents post partum hemorrhage as satisfactorily as ergot, and promotes normal uterine involution. An excellent remedy for post partum hemorrhage is mangifera indica. It should be given when there is threatened flooding, in small teaspoonful doses every ten or fifteen minutes.

Viburnum prunifolium is well known as a remedy to prevent abortion, but it fails often because not given in large enough doses. A teaspoonful of the strong fluid extract, every half hour, is needed if there is immediate danger. In cases where abortions are habitual its use should be begun from two to four weeks before the accident is

anticipated, as the accident usually occurs at the same month of the foetal life. Fifteen minims of the fluid extract may be given four or five times daily. As the period approaches, the patient should be put to bed and kept quiet, on a mild unstimulating diet, and the bowels kept in a soluble condition by an unirritating laxative, only occasionally given. The dose should then be increased to half a teaspoonful four times daily, and if regular pains appear, or there is a slight hemorrhage, it should be increased to drachm doses every half hour. When the symptoms have passed, the size of the dose may be lessened and the intervals lengthened for two or three weeks.

In spasmodic dysmenorrhea, or where there are any pains of a spasmodic character in the womb—erratic pains, irregular as well as regular—viburnum opulus is a remedy of value. To half an ounce of the fluid extract add half a pint of boiling water. Of this, during the pain or just preceding it, give a teaspoonful every half hour or hour, lengthening the intervals as the pain subsides. If the pain is anticipated, the agent may be given in twenty to thirty minim doses for a few days preceding the anticipated time. This agent will control after-pains in the above doses quite effectually.

Gelsemium is often given for after-pains, and I have never known it to fail in relieving the pains more or less speedily, yet I do not advise its use. It suspends the pains, but it accomplishes this result by suspending the normal muscular uterine contractions, and is usually followed by an increase of hemorrhage, which may be severe and even dangerous. It is a specific remedy for ovarian neuralgia, and for neuralgic and spasmodic dysmenorrhea.

We have several remedies that have overcome sterility, where the fault was inactivity of the ovulating function, or where mild congestions have interferred. Among these are aletris farinosa, senecio aureus, pulsatilla, helonias dioica and small doses of belladonna, continued over a protracted interval.

The indications for aletris, whether sterility be present or not, are general weakness of the uterine structures, a general lack of tone in the reproductive organs, and feebleness induced by over-work, too frequent child bearing or over sexual indulgence. When from great weakness there is deficient menstruation, or a pale watery flow at long intervals, if given in combination or alternation with iron it will act promptly and satisfactorily.

Senecio aureus is an excellent general regulator of the menstrual function. A general out-of-tone condition of the uterus and appendages, a relaxed conditien of the uterine supports, will be relieved by the use of senecio ; and mild forms of displacement may be rendered more amenable to treatment by this remedy. It shows its results more quickly where there is a positive irritation of the organs with general passive hyperemia. The results occur rather slowly, but are permanent.

When the patient complains of a dragging sensation in the lower abdomen, with an inclination to pull up, or support the abdominal or pelvic contents, helonias dioica in from two to five-drop doses will produce relief, and correct this condition if resulting from misplacement. The conditions of course will be likely to return if mechanical replacement is not resorted to. However, I have observed this: Uterine misplacement is not discovered usually until it has produced engorgement, irritation, and perhaps local inflammation, with the usual concomitants. There were also probably other pathologic factors in the case which sustained an etiologic relation to the misplacement. Let the uterine misplacement be overcome by proper manipulation and tampons (I have no use for pessaries), and then administer the correct remedies persistently to cure the disease present, to relieve the engorgement and irritation; and the patient will subsequently complain but little if any of the displacement. It is not so much the displacement, as the pathologic conditions induced by improper care and over-work after the displacement occurs, of which the patient complains. I am confident that the supports of the organs are strengthened by this remedy, and that the tone of the relaxed parts is greatly improved.

I believe displacements are present in some individuals a long time without causing the patient any inconvenience which in any marked way suggests their presence. I knew of one patient who denied ever having experienced any symptoms of uterine disease, who had had a double laceration of the cervix uteri for at least seven years.

A good remedy for suppression of menses from exposure to cold is polygonum punctatum. It may be given in 30 drop doses every two or three hours. It is best given in hot water. It does not appear to exercise any influence on the pregnant womb, as I have given it during pregnancy without results. It may be given between the time of the periods or during the time. It also relieves nerve irritation, and mild hysterical phenomena present at that time. Shortly after confinement, when the lochial discharge is suppressed and there is some fever, with restlessness and irritation, give drachm doses of the fluid extract of leonurus cardiaca every hour or two until the discharge is normal. Indications for other remedies may be present, but this remedy will not conflict with any of them. I have known only good results to come from its use.

The tiger lily, nuphar alba and nuphar lutea, are all excellent remedies in the treatment of inflammations of the womb or cervix. They can be given internally and applied full strength on tampons locally, with excellent results.

Caulophyllum is a remedy for young girls who have difficulty at the time of puberty. It assists in starting the menstrual function normally and in preserving a normal healthy condition of the organs. It overcomes amenorrhea and corrects acrid irritating discharges. If given during the last three months of pregnancy it gives relief from

many of the distressing and irritating symptoms often occurring at that time, leaving the organs in an excellent condition after the labor ; thus facilitating a good getting up.

I have during the past summer been prescribing the homeopathic mother tincture of *fraxinus americana*, for chronic enlargements—hypertrophy of the womb—of a non-malignant character. I have given it in ten-drop doses every two or three hours with very good results. In cases where *aletris*, or *helonias*, or *senecio*, or any other remedy was indicated, I have made combinations based upon the specific action of the remedies, that have been satisfactory in cases so treated. While I believe in giving single remedies with reference to their directest action when possible, there will be found often indications which will suggest two or three of these remedies in combination. Such combinations carefully made will often produce the most excellent results. *Aletris cordial*, *Hayden's viburnum compound*, etc., are such combinations. A correct knowledge of each individual remedy, together with a careful study of the exact symptoms, will enable the intelligent, rational physician to prescribe with accuracy, and with the expectation of sure results where remedies like the above are so prescribed. Much better results can be attained by correctly adapting a remedy to the exact conditions, than by giving an arbitrary compound for all conditions. The latter method suggests ignorance and indolence on the part of the prescriber.—*FINLEY ELLINGWOOD, M. D. in The Alkaloidal Clinic.*

SPIGELIA FOR WORMS.

This remedy was introduced some time about the year 1748 as a medicine for destroying intestinal worms ; and the old school is content even yet to know such a valuable remedy as a vermicide. Hahnemann, by proving, extended its field of usefulness, and precisionized its indications. Dr. Wm. Boericke has written a very helpful article showing its wide sphere of usefulness in therapeutics when selected according to law. (*Medical Century*, Sept.) Spigelia is a remedy for the symptoms due to the presence of worms, especially in strumous, feeble and precocious children. You will find in such cases that it will dissipate quickly such symptoms as fever, dry hot skin, constipation, capricious appetite, and nervous irritability or timidity. Such a child may refer much of its distress to the region of the navel (the similarity to *cina* will be noticed). It will prove beneficial in disordered states which simulate helminthiasis. In short, then, spigelia cures because it has the power of producing the symptoms commonly met with in cases such as we have described. (From large doses of spigelia we notice : Dilated pupils, flushed face, quickened pulse, heat and dryness of skin, spasm of the facial muscles, convulsions, itching on the nares, nausea rising into the throat, burning red cheeks and lips, and marked abdominal pains).

Dr. Stille, an active old-school observer, mentions the fact that there is a state of intestinal derangement presenting all the symptoms of lumbricoid ascarides, which is most frequently observed among strumous, feeble children. Then he mentions a list of symptoms quite similar to those found in the pathogenesis of spigelia, and winds up by announcing that "these symptoms are often dissipated by spigelia without causing a discharge of any worms." Thus does the dominant school unconsciously (?) testify to the truth of similia. Dr. Boericke calls attention to the fact that the provings of all anthelmintics show them capable of causing all the so-called "worm symptoms." This they do by acting as irritants to the intestinal tract, and arousing reflex irritations as well as direct irritant action on the brain and cord. They are, therefore, all homoeopathic to worm symptoms; whether caused by parasites or other irritants in the intestinal canal. Both methods of administering the remedy—the large dose of the old school and the minute dose of the new—are rational procedures. The only advantage of the large dose being the immediate removal of the worms and consequent disappearance of the reflex symptoms. But, at best, this is but a palliative effect, for the condition of the system producing the favorable ground for the existence of the parasites remains unchanged. On the other hand, the minute dose of a properly selected homoeopathic remedy acts permanently and curatively by changing the constitutional defects, giving rise to the favoring conditions of worm life. To accomplish this desirable end, the physician must treat his patient upon totality of symptoms, rather than for the name of any particular disease.—*The Hahnemannian Monthly.*

SCURVY IN INFANTS.

Louis Starr tersely states that the cause of scurvy in infants is continued deprivation of fresh food. The different proprietary infants' foods administered without or with a slight addition of cow's milk, are doubtless responsible for the greatest number of cases, and the variety most harmful depends greatly upon the degree to which it is used; oatmeal or wheat gruel; barley and other farinaceous administered with water alone or with water and insufficient cow's milk; condensed milk and water; sterilized milk; properly modified milk mixtures, but subjected to a temperature of 212° F. from thirty minutes to an hour or more; too dilute milk-and-cream mixtures; laboratory mixtures with too low albuminoid percentages—all are more or less faulty.

Scurvy is found more frequently in infants reared in luxury than in the very poor. The essential cause of this disease is unknown, but it is acknowledged that it is due to some peculiar deprivation. Very few post mortem examinations are on record, as very few cases are fatal. The anatomical lesions are chiefly due to hemorrhage, the

most characteristic being the subperiosteal blood effusions about the shafts of the femora and tibiae; sometimes of the long bones of the arms or of the cranium and thorax. Hyperæsthesia is almost invariably the initial symptom. Immobility follows. The general features are very diverse in degree of prominence. The essential treatment is the employment of a food composed of cow's milk, cream, water, and milk-sugar, the milk and cream not having been passed through the separator and not sterilized. The juice of fresh ripe fruit—orange juice especially—is a useful addition to the diet.

An appropriate food schedule for scurvy in an infant of eight months is: At 7 a. m. cream, $\frac{1}{2}$ ounce; milk, $4\frac{1}{2}$ ounces; milk-sugar, 1 drachm; water, 3 ounces. At 9 a. m., one to two teaspoonfuls of fresh orange juice, according to effect on the bowels. At 10:30 a. m., same as at 7 a. m. At 11:30 a. m., two teaspoonfuls of raw beef juice, free from fat, and with a little salt. At 1 p. m., one to two teaspoonfuls of fresh orange juice. At 2 p. m., same as at 7 a. m. At 3 p. m., two teaspoonfuls of raw-beef juice with salt. At 5 p. m., one to two teaspoonfuls of fresh orange juice. At 6 p. m., same as at 7 a. m. At 8 p. m., two teaspoonfuls of raw beef juice with salt. At 10 p. m., same as at 7 a. m. A substitute for orange juice may consist in scraped ripe apple or fresh grape juice. Iron is indicated. The body may be gently rubbed with warm olive oil. Complications must be met as they arise.—*Philadelphia Medical Journal*.

Passiflora Incarnata.

The *Medical Brief* contains an article upon Passiflora that is to some extent like the indications given in an old book written a good many years ago; we here reproduce a portion of the article in question, as it is clear, concise and pointed.

"Passion flower has been found, when a reliable preparation has been employed, to be one of the best hypnotics at the disposal of the profession. In fact, no remedy which has been introduced in recent years is depended upon with such confidence. It produces natural sleep, from which the patient awakes without any feeling other than those from which one comes out of the healthy slumber that follows upon the fatigues of normal man.

Passion flower is also an efficient antispasmodic, and in convulsions of children it has been found one of the most prompt agents attainable. In the convulsions of hysteria, and even puerperal eclampeia, its antispasmodic virtues are soon apparent.

An anodyne in all conditions where there is pain, due to nerve derangement, it can be relied upon. Neuralgia, headache, hyperesthesia, and other nerve derangements soon disappear under its administration."—*Clinical Reporter*.

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MENSTRUATION AND ITS DISORDERS.

II. NORMAL MENSTRUATION.—Menstruation makes its first appearance about the fifteenth year; however, the age admits of various exceptions, and is influenced by numerous circumstances as well as habits of life. It occurs earlier in warm and tropical climates, and correspondingly later in cold ones. Its appearance is likewise favored by premature sexual excitement, association with the opposite sex, luxurious living, as well as a highly developed and responsive nervous system; while in those of a rural district, hard working girls, or of an especially retiring disposition, it is of later occurrence. As a consequence of the influence of these various circumstances, therefore, the age of puberty varies from the tenth to the nineteenth year, and in exceptional cases it may even occur earlier or later than these extremes. When it occurs at an unusually early age, it is known as precocious menstruation; while in the event it is correspondingly deferred a number of years, it is recognized as tardy menstruation.

As a rule, menstruation does not become at once regularly established. Frequently, following the advent of puberty, it will not re-appear for several months, and then recur for several periods at irregular intervals. Again, it may appear every fifteen or twenty days for three or four months, and then remain inactive for a corresponding length of time. Usually six months to a year elapses before the function becomes normally and periodically established.

After it is once established, it recurs under normal circumstances at regular intervals—in most instances every 28 days. However, the rule is subject to marked variations, every female being governed by a law peculiar to herself; thus some women menstruate every twenty days, others once every thirty, and again some not oftener than every 36 days. Joulin cites the case of a lady of his acquaintance who only menstruated two or three times in the year, and whose sister also had the same peculiarity. These various exceptions may be perfectly natural to the individual, and occur within the limits of perfect health.

The duration of the menstrual period likewise varies considerably in different women; probably in most cases four to five days would be

the average time, though many women are only "unwell" two or three days; while on the other hand, others are never sick less than seven or eight, and some even for ten days. The amount of blood, or the quantity lost, varies materially in different individuals, and is not always in proportion to the duration of the period. In some women, where menstruation continues five days, the hemorrhagic flow is less in quantity than in others where the time is but three days, the flow being more gradual in the former, and more constant and continuous in the latter. Probably the average amount lost in the experience of most women varies from six to eight ounces. Some will lose but two or three ounces at each menstruation, while ten or twelve ounces will not be unusual in others, and yet each will remain in perfect health, as the system of each is controlled and affected according to its individual wants, habits, strength and activity. Certain injudicious indulgences or indiscretions in the habits and mode of living, may have an injurious effect in increasing the flow, as for instance luxurious living, rich diet, dissipation, irregular hours and habits, excessive use of wine, as well as overstimulating, to an unhealthy degree, the body and mind. It is claimed that menstruation is more profuse in warm climates. Some women, it would appear, sustain greater losses during the hot months of summer than is experienced through the season of winter.

Where the woman is in perfect health, and the menstrual function normal, the blood should not coagulate after its escape from the uterus. Various explanations have been given to account for this. It was supposed by some to be owing to the want of fibrin; others believed it was due to the presence of lactic and phosphoric acids. Mandl, however, has given the most reasonable theory, and which no doubt is true, viz., that the non coagulation is due to the presence of mucus, which, when present in blood, has the effect of keeping the fibria in solution.

Normal menstruation should not be attended by any marked suffering or pain; the menstrual molimina, however, include certain symptoms of more or less discomfort, as weight and heaviness in the pelvic region, due to the hyperemia and turgescence peculiar to the condition. There is usually more or less nervous disturbance or excitability; there also may be slight headache or dullness; the breasts may likewise become enlarged and sensitive.

The menstrual blood emits a peculiar odor, very much like that noticed in animals during the rut or oestrus. This no doubt gave rise to the strange notion that a menstruating woman should not prepare fruit for canning or preserves, as they would not keep; neither should she be allowed to make butter or cheese; that her presence would often cause blooming flowers to wither, etc. Even to this day some surgeons will not permit the presence of a menstruating nurse during an ovariotomy or abdominal section.

Menstruation usually continues, except during pregnancy, to about

the 46th year, when a woman passes the change of life or menopause. This change is subject to many exceptions; it may occur as early as thirty, and on the other hand, not reached till near 60. It is claimed by most students that an early puberty will be followed by a *late* cessation; while the memopause will occur early in the event of a *tardy* puberty.

R. C. W.

SAY SOMETHING MEAN (?)

To the above our advice is, *don't*. Do not make your life miserable by beginning to think and say mean things about others. As the twig is bent so the tree inclines. Like strengthens like. These are not empty words; these old axioms are not random thoughts. The man who says a mean thing steps into a place where a second mean thought comes naturally; then follows another mean thing said, and next a meaner thought. Friends who care for the brightness of life, who have faith in humanity, who have charity for humanity's failings, soon come to shun the speaker of mean things. They realize that if he speaks meanly to them about others, he is apt to do the same of them when speaking to others. They meet him with "glittering generalities"; they learn to give him no confidences. They pity him in his selfishness, and ultimately he feels the touch of distrust, and blames others for his own actions; then he thinks still meaner things, and the first chance he gets, speaks them, or even writes them. He tries to get even with those friends he has affronted, and because of their distrust in himself, strengthens his reputation for meanness. He is now sarcastic, ironical, hateful. Little failings in others he magnifies; great ones in others he overlooks or belittles. The meanness in his own heart appears in words concerning others. His friends are hollow; opportunities to do good no longer present themselves. The end of it all is personal failure, and the effect of it all is that the mean things said about others turn to plague himself.

"Say something mean?" No. If there be nothing pleasant in your heart, turn not your thoughts into words. If there be nothing but bitterness, sourness, meanness in your disposition, treasure this unpleasantness yourself; humanity does not want it; humanity will not take it in the sense you give it out; for while you may direct your tongue against another, only the bitterness within your heart will be seen by others.

J. C. L.

BY WHAT SHALL WE BE JUDGED?

Let us take the foregoing as a text, and follow the thought into our school of medicine. How will we, as a school, be judged in the future? There is but one answer. Either by our good works or by our bad ones. If we maintain our dignity, if we do that which we should do and do it well, there is no question concerning the position the future will award us. The mean things said about us will turn to

plague the speakers; the mean things written about us will be seen to have come from embittered hearts. These need not concern us. It will be said again and again by men who think they speak the truth—think it in self-confidence and self-ignorance—“Eclectics are illiterate.” Let them say this; to call a cow’s tail a leg does not make it a leg, and no man need go out of his way to abstractly argue that a statement of such a nature is false. The danger is not in the statement, but in the possible truth of the statement. If we are illiterate, denials in print will illustrate the fact more forcibly than silence. We must be judged by our works, and not by bitter words that are spoken against us or denials in our behalf.

Again it will be said, “Eclectics are ignorant,” which is but another phase of the foregoing subject, and need not disturb us if we are *not* ignorant. If, however, when cold history takes hold of American medicine, it be seen that we have given rise to a line of books in which every principle of scholarship is broken, in which neither fact nor truth is apparent, we must be judged thereby, and thereby will be truly judged.

It is said that we are only a band of parasites, whose mission is that of invading other fields, and appropriating the works of others, while in the breath we draw as we take from others we condemn the men we take from. This has been said. If it be shown that this is true, so must we be truly judged. If it be shown that in the 75 years of our existence, we have studied no remedial agents to give to the world for what the world has given us—if we have invaded no new fields—if we have added nothing to the medicine of America—if we have simply lived parasitically, and sucked the substance of others’ work—we must abide by the testimony. All the protests we can make in words, all the bitter things we can say back, will avail us nothing.

We are called quacks. Not as freely now as formerly, more freely now I hope than will be the case in the future. But let us not close our eyes to the fact that we must be judged, for we have lived and thrust ourselves where we must be held responsible. If we have made claims of being able to cure incurable diseases—if we have thrown at the world a line of misstatements in therapy born in illiteracy, bred in ignorance, and raised in fraud—we must stand before future men as quacks. If our books carry erroneous statements concerning that which is—if they lead readers to seek other than the true source for our remedies—if we have given fictitious names to the plants we have investigated and commended—if we have said one thing in our books and taught another in our colleges—if, in fact, we have been quacks, the record must be as the men who consider us quacks believe just.

But if we have not been all this and worse, there need be no concern on our part—none whatever—because an uninformed rival mistakes. To call a cow’s tail a leg does not make it a leg, and it brings no discredit to the cow for a man with a crooked eye to call it a tail.

“By what shall we be judged?” We answer, By our works, and in detail say further:

1st. All the things that men in ignorance of our works may say concerning us, do not make us the person who is ignorant.

2d. The man who speaks of our illiteracy without being acquainted with our literature, bespeaks not illiteracy on our part.

3d. The man who cries quack at us because of the fact that he is not acquainted with our remedies, or yet with our principles of therapy, mistakes the definition of the term quack. That is rather his fault than our own.

Heed well such things as these; turn not your thoughts into bitterness of speech. Do not imagine that the world is to judge us either by what we say about others or the claims we make for ourselves, nor yet by what others in ignorance or bitterness say of us. We are to be judged by our *works*, and it behooves us to stand shoulder to shoulder, decrying little things among ourselves, crushing out viciousness and meanness, keeping ever in view the fact that our part in life is that of doing a good work, in which we have faith, in which we honestly believe, and which we feel sure is to benefit humanity both now and hereafter.

J. U. L.

THE MICROBE.

For so small an entity the microbe has been remarkably effective in creating a large amount of discussion, and has been responsible for a great deal of harm to the human race. It is not, however, so much his size but his omnipresence and his multipresence that excites wonder; and although germs are present everywhere, and can be seen by any one gifted with sight who will look through a microscope, still there are those who vehemently deny the very existence of these micro-organisms, and refuse to be convinced of facts plain to all who care to see.

Some of our Eclectic brethren appear to think that the continued efficacy of specific medication depends upon the virulence with which we attack the theory of pathogenic germs. By what peculiar mental ratiocination such a conclusion is drawn is a mystery, for it seems strange that the existence or non-existence of microbes should affect specific medication in any way. If specific medication can not withstand the effulgent rays scintillating from scientific certainties, the system must fall, for truth is mighty and will prevail, although considering her reputed strength, she is sometimes a long while about it.

There can be no doubt in the minds of any who have taken the trouble to investigate, that microbes exist in innumerable hordes on the earth, in the earth, in air, in water, and upon every object everywhere. Millions are introduced into the body every day on food and in water, and by inhalation. If these were all pathogenic the human race would long ago have become extinct, but the great majority are harmless, and meet their fate in that "cemetery of bacteria," the stomach; not only the harmless but the harmful also meet death there. A sound mucous membrane, respiratory or intestinal, in a

healthy body, is the best prophylactic against any germ disease. But when overwhelming numbers come, then perhaps a few may enter the circulation, or if a diseased membrane is present an opening may be afforded. There are twenty varieties of bacteria found in the mouth, most of them harmless if not beneficial, and even the bacillus diphtheriticus, the celebrated Klebs Loeffler bacillus, is found in normal healthy throats.

Taking into consideration the presence of so large a number of organisms, it does not seem unreasonable to suppose that they or some of them might possibly be concerned in the production of disease, or that they might be responsible for transmitting morbid processes from one individual to another. While it must be admitted that, except in two or three instances, no disease can be positively proven to be due to germs, still the probabilities appear to be very great in some instances. Those who know most about microbes, the expert bacteriologists, are very cautious in claiming this relation between micro-organisms and disease to be fully established. But extremists, with limited knowledge and experience, are very sure that almost every pathological state is due to a specific germ.

On the other hand, extremists declare that there are no germs, that they have nothing whatever to do with the cause, continuation, or result of morbid processes, utterly refusing to recognize them in any way. Both are perhaps to some extent wrong. There can be no doubt, at least, as to the existence of these minute organisms, and there is a general belief among medical men that they are in some way associated with disease. Belief in bacteria is not a question of schools, but rather of individuals, for believers and unbelievers are found in all schools. Many scientific non-medical men in agricultural, pharmaceutical and chemical laboratories, stand ready to certify to the existence of germs, and to describe their life history.

It is evident that micro-organisms exist, and it is just as evident that pathogenic organisms exist on and in the human body. Whether they are the cause or the result of morbid conditions may furnish ground for argument, but here also there is room for middle ground; and while bacteria may cause disease, normal bacteria may become communicators of morbid material, and may carry away from a diseased area sufficient material to induce a similar process elsewhere.

L. W.

PALEMONIUM—American Greek Valerian.

Though perhaps now not in common use, it is not because the drug does not deserve to be. The older writers were positive in declaring that it possessed diaphoretic, expectorant, astringent, and alterative properties or qualities. Latterly the declaration is made that polemonium is a remedy, if not *the* remedy in any disease in which there is general languor, internal venous congestion, a cold surface, a skin that is dry, constricted, torpid. It may therefore be used in

any case in which the indication is to promote a determination of blood to the surface, and to promote perspiration. This diaphoretic effect must prove satisfactory in febrile and inflammatory conditions. Its softening and expectorant influences must relieve inflammatory states and bring about relief in respiratory disturbances, pneumonia, pleurisy, etc. Because of the alterative effects of palemonium, it is suggested as a remedy in the scrofulous (tuberculous) diathesis. It is commended as an astringent in bowel troubles, when such action is needed. It is suggested as a local application to the bites and stings of venomous snakes and insects. For this purpose we have never used it. The dose of the specific medicine is from five to thirty drops in an abundance of water.

W. E. B.

PENTHORUM SEDOIDES—Virginia Stone Crop.

This drug is said to be astringent and demulcent, and to be especially indicated in mucous membrane troubles where there is relaxation and fullness, abundant secretion, spongy gums, etc. It is especially adapted to catarrhal diseases of the post-nasal region, when there is trouble in and about the pharyngeal vault or Eustachian tube. Chronicity is about always a prominent feature. The remedy is not very active, and its use should be persisted in for some time. In chronic pharyngitis or these nasal diseases when the membrane is full, purplish, congested, with hypersecretion of a glairy mucus, try penthorum. It is beneficial when the same conditions prevail in stomach and intestinal disorders. It lessens the discharge from a diarrheal intestinal track about as readily as it influences the hypersecretion of a bronchitis, a pharyngitis, a vaginitis, or a urethritis. Penthorum has been variously recommended as a valuable remedy in cholera infantum, hemorrhages, and in nervous dyspepsia. The dose of the specific medicine is from one to three drops, well diluted in water, to be taken every four hours continuously for a long time.

W. E. B.

BISMUTH SUBGALLATE IN DIARRHEA.

Diarrhea is quite often symptomatic of other affections than disease of the intestinal canal, and consequently the conditions giving rise to diarrhea are many, and what will cure or arrest the discharge in one case will often prove of no benefit in another, and in some cases will do harm.

Diarrhea may be divided for the sake of treatment into two classes: those of irritation and those of atony. In the former the irritation must be overcome before the discharge can be arrested, and the treatment will be sedative or soothing in character. In the latter the bowels need a tonic or stimulant or astringent. This winter I have met quite a number of the latter cases—in fact quite an epidemic. The patient has a coated tongue, slight fever, and copious, watery and

very offensive discharge from the bowels, attended with considerable pain. The patient needs not only an astringent, but a marked anti-septic as well, and I know of no other remedy that combines these two qualities in so marked a degree as the subgallate of bismuth. Where there is pain, and this is usually the case, combine a little opium with it, say, subgallate bismuth grs. five to ten; opium grs. one-tenth to one-fourth at a dose, to be given every three or four hours.

Following typhoid, we occasionally have a dysenteric diarrhea. The abdomen remains tender, with slight tympanitis, and from two to five and six dysenteric stools. There is evidence of sepsis in nearly all of the cases. In one of my cases there was sympathetic parotitis. The patient's fever had subsided, the appetite was voracious, but the patient could take scarcely any nourishment on account of the diarrhea. After prescribing for her subgallate and opium the improvement was marked within a few hours, and convalescence was quite rapid. A second case of typhoid, when the patient was convalescent, diarrhea and hemorrhage set in, the latter of an alarming character, but subgallate of bismuth and opium soon corrected the trouble. Where there is sepsis and a relaxed condition of the tissues, this remedy will be found among the best.

R. L. T.

SURGICAL MISCELLANY.

The treatment of inoperable cases of carcinoma by the intrusion into the soft carcinomatous tissue with small pieces of carbide sulphite, makes necrotic and sloughs out the offensive tissue, rendering the condition of the patient more grateful, and lessening the offensive smell, which in advanced cases, becomes almost unendurable.

In Græfe's or Basedow's disease, the enlargement of the thyroid gland is accompanied with a rapid, peculiar pulse, prominent eyeball, and a greatly enlarged neck. In these cases of exophthalmic goitre, Græfe's sign of differential diagnostic value was that when the eye-lids are retracted, they will not follow the eye-balls in their downward excursion. The cause of exophthalmic goitre is not well understood; but a feature that nearly always accompanies the disease is the lesion of the kidneys and heart, and in many of the female cases, a lesion of the pelvic viscera. Quite often a correction of the pelvic viscera greatly improves the patient afflicted with exophthalmic goitre. In a few cases where I have removed a sarcomatous uterus, the goitre, several months later, entirely disappeared.

TUMORS OF THE NECK.—In the lower vertebrates there are branchial or visceral clefts which become permanent perforations, placing the cavity of the pharynx in communication with the external world. These branchial clefts in the lower vertebrates have a significance in the explanation of the cause and production of certain cysts in the neck, designated as branchial cyst in man.

At a very early period of human foetal life, a series of clefts appears on either side of the cephalic extremity, called branchial arches; and when nature does not properly obliterate these in the further development of embryonic life, there may be implanted the seed and condition for the formation and development in after years of branchial cysts, which give the surgeon no little anxiety in giving the proper advice when surgical interference is contemplated in their extirpation.

The contents of these tumor masses may be divided into mucous, atheromatous and sanguineous, terms given to indicate the character of the contents of the cyst cavity. These cysts develop in close proximity to the sheaths of the large blood vessels, are globular or egg shaped, and by careful bi-manual palpation, a fluctuation will be manifest that confirms the diagnosis of the branchial cyst. As a further means of completing the diagnosis, an aspirating needle may be brought into use.

The neck of the human being furnishes perhaps a more fruitful field for tumor growth than any other part of the human anatomy. Upon reflection, let us name some of these pathological lesions that may appear in the cervical region: angioma, lipoma, sarcoma, osteoma, goitre, branchial cyst, tubercular lesions of the glands aneurism, abscess, etc.

Dr. G. W. Reichard, of Springfield, O., was called some few weeks ago to attend a fractured arm that was injured between a belt and revolving pulley, twisting the arm, breaking the radius at its middle and the ulna an inch from its distal end, twisting and distorting the carpal bones to such an extent that it was impossible at the first or second dressing, on account of the swollen condition of the fore-arm and wrist, to properly adjust the lesion. The fore-arm and hand were put up in wooden splints, and three weeks after the injury the X ray was used to ascertain the condition of the broken bones.

Viewed from the fluoroscope, the radius and ulna seemed to be in proper position; the interosseous space normal; so also was this condition manifest five weeks following the injury. But on removal of the splints, the condition was very different; a luxation of the carpal bones and a displacement of the fractured end of the ulna were at this time plainly manifest. Any amount of manipulation with the patient under the influence of chloroform would not bring satisfactory results towards adjusting the lesion. The patient was therefore placed upon the floor on his back while under the impress of the anaesthetic, and the arm extended at right angles from the body, with the back of the hand resting on a small piece of rubber matting. With this position of the patient, I walked with my whole weight on the wrist and fore-arm, crushing the bones back into position, after which, with my full weight across the lower end of the fore-arm and the wrist, I reached down taking hold of the man's hand, pulling and

flexing it across the shoe, until we were satisfied that the osseous structure was in its normal position ; after which the injured member was placed in wooden splints for a time.

I recite the above interference in this case to show how easily the distorted carpal bones may be stepped into place, when luxated and allowed to remain displaced for any length of time. I am satisfied that they could be crushed into position by a heavy blow of some weight and force. But the weight of the operator with a rubber soled shoe will force the bones into position with the very least possible injury to the soft parts ; and no more force or injury need be given than enough to produce the results required.

LEFT INGUINAL COLOTOMY IN CARCINOMA OF THE RECTUM.—In those cases where the carcinoma has invaded the lower part of the bowel, causing stricture by impaction, etc., it becomes necessary for the surgeon to give the patient relief by performing left inguinal colotomy. An incision not more than two inches in length is made about one inch and a half anterior to the left superior spine of the ilium. The abdomen is opened carefully down through the different tissues, and the peritoneum picked up and divided between the haemostats, after which a gauze sponge is introduced, and the patient placed in the Trendellenburg position for the purpose of clearing the field and protecting the same by the sponge, so that the descending colon may be reached without handling the intestines or omentum.

The thumb and finger of the left hand now grasp the colon, and with the index finger of the right hand an excursion is made downward to ascertain the distance in the pelvis of the carcinomatous lesion, and also to satisfy the operator that the colon is being properly exposed in the laparotomy wound.

The surgeon now folds the colon, and examines for the place where there are the least number of blood vessels, and close to the integrity of the gut, the snap forceps are thrust through and a glass tube or spool, or some good antiseptic material is used, over which the intestine is crimped, to produce the proper spur for the future dealing in the inguinal colotomy. Perfect haemostasis must be maintained during and at the completion of the intrusion into the abdominal cavity. The peritoneum is now grasped with haemostats on either side of the folded colon, and chromosized cat gut sutures are passed through the fascia, peritoneum, and through the colon, avoiding the blood vessels, and out through the peritoneum and fascia on the opposite side. This, then, fastens the peritoneum and fascia in such a way that it produces complete closure to the intra-abdominal tissue.

A second row of sutures is inserted through the skin and outer tunic of the colon to re-enforce and to approximate the edges, so as to protect the peritoneum and also part of the wound from outside influences. By this method of operating, the glass tubing makes a sharp bend in the colon, and also safely protects it from slipping

back into the abdomen. The peritoneal row of sutures also prevents the gut from prolapsing from the peritoneal cavity. This constitutes the supplemental operation in the left inguinal colotomy; the tissues are allowed to form their adhesions for two or three days, unless the case is very urgent, at which time the artificial opening is completed with scissors by making a thorough incision over the most prominent part of the tumor mass, bulging at the center of the spur. If the spur has been properly managed as above suggested, faeces cannot possibly pass from the upper part of the intestinal tract beyond the spur into the gut below. This, then, is as it should be, as any accumulation in the lower intestine would cause irritation and provoke the malignant growth.

L. E. R.

VITAL PROCESSES.

The laws of chemistry and physics are found to act with the same exactness in the human body as without, and some scientists assert that in time all the functions of the body can be explained by chemical and physical phenomena, and that there is no "vital force" as the term is generally understood. At present, however, it must be admitted that there is a force or energy in the body that we do not understand, and the term "vital force" is as appropriate as any other wherewith to designate it.

The study of physiology has made greater progress in later years than ever before. The early physiologists, overwhelmed with awe and reverence for what they called "The divine mystery of life," were prone to ascribe to "divine force" or "spirit" obscure vital processes which have later been found to be carried on in accordance with known chemical and physical laws. Especially is this true of digestion and absorption which have been artificially accomplished, under proper conditions, as perfectly as in the body. Nervous phenomena still remain, more or less, within the pale of "vital force" or "mysterious energy," but even they are being cleared up through the study of sciences akin to physiology, and the application of data thus discovered, to the manifestations of the nervous system.

L. W.

COMMENCEMENT EXERCISES.

The Fifty-seventh annual Commencement Exercises of the Eclectic Medical Institute will be held at the Scottish Rite Cathedral, 417 Broadway, Tuesday evening, April 15th, at 8 p. m. Prof. Locke will make the Dean's report. Prof. Lloyd will confer the degrees as President of the Board of Trustees, and Hon. Will Cumback, ex-Governor of Indiana, will deliver the annual address. All the graduates and friends of the College are cordially invited to be present.

In the morning of the same day, from 9 to 12, there will be a surgical symposium at the Seton Hospital, and arrangements will be made

to operate on clinical cases before the graduating class and visiting physicians.

In the afternoon at 2:30 p. m., in the lower lecture hall of the College, the Alumnal Association will hold its annual meeting. This meeting promises to be particularly interesting this year, in view of the fact that an extensive History of the College has been prepared, and will be published at that time. Prof. Felter has written a very interesting history of the College from its inception to the present time, including many illustrations and an extended biographical sketch of each member of the various faculties. To this is added a complete alphabetical list of graduates to date and a list by classes.

Membership in the Alumnal Association, including certificate, is only \$1.00, 25 cents annual dues thereafter. Paid-up members are entitled to this new history of the college in paper binding without charge. The books will also be bound in cloth for those who desire to pay the additional expense of 50 cents. If you are eligible to membership and have not joined, you can send in your application, which will be acted upon at the annual meeting. Either the history or certificate is alone worth more than the initiation fee, and in case you join you will be helping to assist the Alumnal Association in its work.

FOR SALE—Eye, ear, nose and throat business in Denver, Colo., now belonging to Dr. L. E. Parr, formerly the practice of Dr. W. B. Scudder. Dr. Parr finds it necessary to leave Colorado, and has good reasons for selling. Practice is an established one on the principal corner in the city, and is a good opening for any one who understands the work. Write Dr. L. E. Parr, Union Block, Denver, or Dr. W. B. Scudder, Second and Thorn sts., San Diego, Cal.

ANNOUNCEMENT.

The seventh Post Graduate Course in Official Surgery by E. H. Pratt, will be held in the amphitheater of the Chicago Homeopathic Medical College, corner Wood and York streets, Chicago, Illinois, during the week beginning with April 28, 1902, having a four hours daily session. Doctors are invited to bring obstinate cases of every variety of chronic disease. For particulars address

E. H. PRATT, M.D., 100 State st., Suite 1203, Chicago, Ill.

ERRATA.—In the March Journal, page 143, second clause should read "ice packs." On page 137 first line of article should read "Dysmenorrhoea or menorrhagia," not menorrhagia.



VOL. VIII.

APRIL, 1902.

No. 4.

BOOK NOTICES.

AMERICAN EDITION OF NOTHNAGEL'S ENCYCLOPEDIA. Variola (including Vaccination), by Dr. H. Immermann, of Basle. Varicella, by Dr. Th. Von Jurgensen, of Tubingen. Cholera Asiatica and Cholera Nostras, by Dr C. Liebermeister, of Tubingen. Erysipelas and Erysipeloid, by Dr. H. Lenhardt, of Hamburg. Whooping Cough and Hay Fever, by Dr. G. Sticker, of Giessen. Edited, with additions, by Sir J. W. Moore, M. D. Octavo, 682 pages, illustrated. Philadelphia: W. B. Saunders & Co. Cloth, \$5.00 net.

The articles included in this volume treat of a number of diseases second to none in importance, whether regarded from the standpoint of Preventive Medicine or as the cause of widespread sickness and death. Although the excellence of the German work and the detailed and comprehensive manner in which the respective authors had dealt with their several subjects left comparatively little to be added, the editor has not hesitated to amend the text whenever necessary, and has also embodied the results of his personal experiences, gained during a varied practice extending over thirty-three years.

One of the most timely articles included in the work is that on Variola, including Vaccination and Variolation. Dr. Immermann's monographs on these subjects, now of vital interest, especially in the United States and Great Britain, have probably never been equaled for circumstance of detail and masterly argument.

Each article is written by a German specialist of recognized authority. Dr. John W. Moore, of the Royal College of Surgeons, Ireland, has edited these monographs, and wherein necessary has added from his own experience such subject matter as would more clearly explain or correct the subject in the text.

R. L. T.

PSYCHOPATHIA SEXUALIS, with special reference to Antipathic Sexual Instinct: A Medico-Forensic Study. By Dr. R. V. Kraft-Ebing. 585 pages, gilt top, cloth, \$5.00. Chicago: W. T. Keener & Co.

This master piece is a clean and serious study of the "deep influence exerted by sexual life upon the sentiment, thought and action of man in his social relations to others." It deals with a side of life little understood by the lay reader, and but meagerly comprehended by the majority of medical practitioners. Were a little attention given to such studies as this book embodies, some of the apparently enormous crimes committed by various facets believed to be sane, could be readily understood, and the graduates to do such misdeeds would be the object of pity and mercy rather than condemnation at the hands of the people and the law. It is ~~essentially~~ a medico-legal topic, which ought to receive from the practitioner as much consideration as many of the so-called essentials of medicine. Too often it is regarded in the light of an accomplishment to be familiar with sexual abnormalities; but inasmuch as sexuality is such a prominent part of our being, we incline to the view that such studies as this of Kraft-Ebing should constitute one of the major studies of the student and practicing doctor. The work appeals especially to lawyers, particularly those engaged in the practice of criminal law. It deals with the reverse side of life, human weaknesses and human miseries, and leads to moral and legal protection from unjust decisions for those who, from their psychopathic nature, are compelled to commit sexual crimes. This book is sold only to doctors and lawyers, and is couched in technical terms, and has a scientific title, to prevent its being read by the laity. It is beautifully printed and bound, and consists largely of illustrative cases.

H. W. F.

SYPHILIS: A Symposium. New York: E. B. Treat & Co. 12mo, 120 pages. Price \$1.00.

This small volume is a product from the pens of seventeen eminent syphigraphers, European and American. Briefly and to the point, every phase of syphilis is discussed. The book contains more that is practical and helpful to the busy practitioner than is found in volumes of much greater pretensions and of more pages. The value of this work can hardly be overestimated, when the distinguished character of the contributors is taken into consideration. L. W.

THE EYE, EAR, NOSE AND THROAT. Edited by C. A. Wood, M.D., A. H. Andrews, M. D., and T. M. Hardie, M. D. Under editorial charge of G. P. Head, M. D. This is Volume III of the Practical Medicine Series of Year Books. The Year Book Publishers, Chicago. Price, cloth, \$1.50.

As indicated, the contents of the work consists of abstracts from the current literature of the year in this line of work. Editorial comments are not infrequent, especially on the abstracts of foreign writings.

The more important contributions to the subjects under consideration are pretty generally given, so that one can readily find what has

ECHAFO尔TA

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"During the recent summer, I believed I saved the life of a little negro boy by the use of Echafolta and this remedy alone. He was about four years old, and his surroundings were of the most unsanitary character and his nursing the poorest imaginable. In spite of these unfavorable conditions he recovered after an exhaustive disease lasting more than two months. The trouble began very much like a case of continued fever; but of a low type. He continued to get worse and about the second week experienced an alarming condition approaching collapse. The heart action became very feeble and intermittent. Following this depression came an exhaustive diarrhea of a choleraic character. I easily controlled this diarrhea with rhus aromatica. At this juncture septic infection became evident and the lungs were involved with a pneumonia of quite pronounced severity. I then began administering ten-drop doses of Echafolta. This had the effect of mitigating the symptoms considerably, and in a few days his condition was so much improved that I stopped the remedy, and then the symptoms became greatly aggravated. I again resumed the Echafolta, when a complete change for the better took place, but it was followed by another profuse diarrhea and I discontinued the Echafolta and again controlled the diarrhea with rhus aromatica. At this stage of the disease (third week) circumscribed, inflammatory swellings appeared on various parts of the body. These were sluggish, and, at first, quite painful, but soon developed into abscesses and would break spontaneously, discharging a sanguous and offensive pus. The abscesses continued throughout the course of the disease (ten weeks) and numbered at no time less than six, appearing chiefly near the joints, on the neck, in the groin, on the back and one on the scalp. Feeling convinced at the time that Echafolta was the only remedy administered that seemed to hold the disease in check, I put him on ten-drop doses every three hours and kept him on it until complete recovery took place. From what I observed in this case I believe that the boy could not have lived without the remedy, for whenever it was discontinued he became alarmingly worse, and whenever it was resumed, his condition became better so promptly that I could attribute it to no other cause. The boy to-day is strong and hearty and shows no ill effects of his serious illness."

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EDITORIAL FROM E. M. JOURNAL.

been done in this field. The references enable one also to refer to the original of any that may be desired for a more comprehensive investigation of any particular subject. There appears to be considerable demand for this character of publication, and the reasonable price of the series as well as the merits of the various editors will doubtless prove satisfactory.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY FOR 1902. A yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs, and text-books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments, by eminent American specialists, under the editorial charge of George M. Gould, M. D. In two volumes—Volume I, including *General Medicine*, Octavo, 700 pages, illustrated; Volume II, *General Surgery*, Octavo, 684 pages, illustrated. W. B. Saunders & Co. Phila. Per volume: Cloth, \$3.00 net.

The physical make-up of these books is beyond serious criticism except as to the size. Two volumes, costing from \$6.00 to \$7.50, exceeds the limit usually set apart by physicians for year books, and we do not believe with the publishers that it was the best thing to do for the profession. No doubt the financial return helps the publishers to decide the matter.

While from the subject matter in either volume, and from the numerous illustrations, one may get a fair idea of the topic under discussion, yet a great deal of the most interesting part of every subject must be left out of such compilation. We see in some instances interpolated the narrow strictures and criticisms of the editor of a department. This should not be. If one is to have the original work, let it be forthcoming if it is valuable, and if not in this category let it be omitted. The editor of a year-book should be able to digest or extract or reproduce in a few words, the new and valuable things for the physician who has not the time to make general research.

Taken as a whole, no doubt this year-book will be pronounced by many "the best," and notwithstanding the above slight criticisms, we would not disagree very materially. The editors are bright men in their special lines—authorities—and if the price is not too big, we say to Journal readers, buy it. We believe year-books are the proper thing for the man who can not read carefully a dozen or more good medical journals.

W. E. B.

J. B. Lippincott Company, of Phila., will issue in April a Treatise on Small Pox, at \$3.00. The author of the work, Prof. George Henry Fox. The work will be in atlas form similar to Prof. Fox's work on skin diseases. The strong feature of the book will be the illustrations from photographs.

COLLEGE AND SOCIETY NOTICES.

STATE ECLECTIC MEDICAL SOCIETIES.

NATIONAL—President, George W. Johnson, San Antonio, Texas. Corresponding Secretary, N. A. Graves, Chicago, Ill. Next meeting at Hotel Phister Milwaukee, Wis., June 17, 18, 19.

ARKANSAS—President, R. L. Smith, Russellville. Corresponding Secretary, T. J. Daniel, Magazine. Next meeting at Little Rock. May 14th and 15th.

CALIFORNIA—President, F. G. Fay, Sacramento. Corresponding Secretary, H. S. Turner, Pomona. Next meeting at San Francisco, May 27, 28, and 29, 1902.

ILLINOIS—President Nathan A. Graves, Chicago. Corresponding Secretary E. G. Trowbridge, Chicago. The next meeting in Chicago, May 21, 22, 1902.

INDIANA—President, O. S. Coffin, Carthage. Recording Secretary, M. F. Baldwin, Marion. Next meeting, Ft Wayne, May 13, 14, 15. 1902

IOWA—President, J. B. Horner, Lamoi. Corresponding Secretary, E. H. Ellingsen, Calmar. Place of next meeting, Des Moines, May 14 and 15, 1902.

KANSAS—President, E. G. Locke, Holton. Secretary, E. B. Packer, Osage City. Next meeting at Topeka, May 7, 8, 9.

KENTUCKY—The Kentucky Eclectic Medical Society will meet at the Louisville Hotel, May 6th, at 10 a. m., for reorganization. All Eclectics of Kentucky are urged to make the necessary arrangements to attend. For further particulars address Dr. G. T. Fuller of Mayfield, Kentucky.

MASSACHUSETTS—President, Asa L. Pattee, Falmouth. Recording Secretary, Pitt Edwin Howes, 703 Washington street, Dorchester Dist., Boston. Next (42) annual meeting will be held at the Thorndike, Boston, Mass., Thursday, June 5, 1902.

NEBRASKA—President, M. B. Ketchum, Lincoln. Secretary, W. N. Ramey, Adams. Next meeting at Lincoln, May 14th and 15th.

NEW ENGLAND—President, W. F. Templeton, Glover, Vt. Corresp. Secretasy, G. A. Faber, waterbury, Conn. Next meeting at Hartford, Conn. May 13, 14, 15, 1902.

NEW JERSEY—President, D. P. Borden, M. D., Paterson. Secretary, George E. Potter, Newark. Next meeting May 21st at Newark.

NEW YORK—President F. P. Sinclair, Lysander. Corresponding Secretary, G. W. Boskowitz, 140 W. 71st street, New York City. Next meeting at Albany, April 2d and 3d.

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OHIO—President S. Schiller, Youngstown. Corresponding Secretary, W. N. Mundy, Forest. Next meeting at Hotel Victory, Put-in-Bay, July 15, 16, 17.

OKLAHOMA—The Eclectics will meet at Oklahoma City, on the 30th of April, for the purpose of organizing a society. A large number of physicians have promised to be present.

SOUTH DAKOTA—The Eclectic physicians of the state are urged to be present at the office of Dr. W. E. Daniels, of Madison, on April 9th, 1902, in order that a State Eclectic Medical Society may be organized. A number of excellent papers will be read and entertainment will be furnished to more than repay you for attending.

TENNESSEE—W. N. Holmes, Nashville. Secretary, J. Paul Harvill, Nashville. Next meeting at Nashville, May 13th and 14th.

WASHINGTON—President, D. T. Richards, Fall City. Secretary, R. L. Chase, Edmonds. Next meeting at Seattle, third Wednesday in September, 1902.

WEST VIRGINIA—There will be a meeting of the West Virginia Eclectic Medical Society at 2711 Eff street, office of J. A. Monroe, Wheeling, on May 13th and 14th, for reorganization.

WISCONSIN—President, C. W. Rodecker, Wonewoc. Recording Secretary, J. V. Stevens, Jefferson. Next meeting at Milwaukee, June 16th and 17, 1902.

The next meeting of the S. W. Ohio Eclectic Medical Society will be held at Lynchburg, May 14th. Any one who intends bringing clinics before the society should correspond with President Theo. F. Scott, of Lynchburg.

PERSONALS.

DIED, at Dows, Iowa, Dr. J. C. Powers, American Medical College, class of 1896.

DIED.—Mina DeMuth wife of Seth E. DeMuth, February 13—of toxæmia, at Cecil, Ohio.

DIED at Adams, Ind. February 15th, Dr. J. W. Parker. Dr. Parker's library contained 15 volumes of the E. M. Journal, which may be had at a reasonable price by addressing Mrs. J. W. Parker, Adams, Ind.

DIED, at Bradford, Ohio, March 5th, Lafayette Van Trump. Dr. Van Trump was born Dec. 8, 1834, and graduated at the Eclectic Medical Institute Feby. 16, 1864. He had been practicing at Bradford since 1870.

LOCATION.—Any Eclectic desiring a good location should correspond at once with Dr. C. Woodward, Aurora, Ills. City of 25000 inhabitants. Established sixteen years, cash business \$2500 to \$3000. Reason for leaving, poor health.

GOOD LOCATION for Eclectic physician, in town of 700, good country. For particulars address with stamp, B. S. Boyle, Cynthiana, Ind.

WANTED, Location by an Eclectic of ten years experience. On account of health would gladly exchange with some doctor in small town where climate is mild. Address G. E. Lingle, M. D., Van Wert, [Ohio].

FOR SALE, country location in Indiana. Ask \$2000 for property and practice. Best of reasons for selling. Practice runs \$4000 per year. For particulars address Dr. G. L., care Dr. J. K. Scudder, Box 115, Cincinnati, Ohio.

We congratulate the Eclectics of Minnesota upon the appointment, by Gov. Van Sant, of Chas. M. Cannon, of St. Paul, to the State Examining Board. Dr. Cannon is a graduate of Bennett, and a stalwart in the ranks of Eclectics, President of the Minnesota State Eclectic Medical Society, and, all in all, a worthy representative of the Eclectic school.

READING NOTICES.

It gives me great pleasure to state that my experience with cactina pellets has been most satisfactory in cases of rapid, irregular heart action. I find their use most successful in controlling and relieving the cardiac pains accompanying this condition.

JAMES H. CARR, M. D. Buffalo, N. Y.

REMOVAL OF GUN POWDER STAINS.—On Christmas day a boy of twelve filled a vaseline bottle with powder and exploded the same. I arrived on the scene about three hours after the accident and found the cornea and sclerotic of both eyes and the face literally blown full of powder. I removed a dozen or more flakes of powder from each cornea with a foreign spud; also removed the powder from the sclerotic. Did the operation under a four per cent. solution of cocaine. After the operation I used a fifteen per cent. solution of hydrozone in the eyes. After removing the particles of glass from the face, I kept a cloth over it saturated with a fifty per cent. solution of hydrozone. At the end of two weeks I used a saturated solution of boric acid in the eyes and painted the face twice daily with equal parts of hydrozone and glycerin. The eyes are well and powder stains have disappeared from the face.—Dr. E. G. CORBETT, in *The Medical World*.

Dr. Soederbaum, Professor of Chemistry, University of Stockholm, Sweden, states that wool, even in its raw state, is apt to contain traces of arsenic, and that its presence in manufactured articles is not conclusive evidence that it has been employed in the process of dyeing. His explanation goes to show that the wool fiber is apt to absorb arsenic from solutions applied to the sheep as a preventative of or cure

for skin disease. The arsenic is apt to enter into the very structure of the wool fiber and become part of it.

This theory has been confirmed by Dr. Setterberg, of Stockholm, a chemical expert, employed by the Swedish Government.

While the amount of arsenic so absorbed is not apt to be sufficiently large to do much harm, yet the Swedish authorities exclude all woolen articles containing traces of arsenic, from import. We do not see how arsenic, which has become part of the wool fiber, is apt to do much harm in the form of clothing, except underclothing, where it might cause some irritation of the skin, resulting in rashes, a not unfrequent concomitant of wearing woolen underwear.

However, as we are, by all appearances, returning to the wear of linen next to the skin, there is a way out of the difficulty. In this connection we call attention to the advertisement of the Deimel Linen Mesh Company in our present issue.

It is with pleasure that I attest the merits of Sanmetto, and I think my experience with the drug justifies all the good things I can say of it. I have used it very extensively, and especially do I find it valuable in allaying inflammation in the prostatic urethra before surgical operations, and in keeping the urine bland and non irritating after the operation is complete. It always has a soothing and sedative effect upon the kidneys, bladder and urethra. I shall continue its use in all forms of genito-urinary irritation.

THOMAS P. GRAHAM, M. D. Chicago, Ill.

I fully regard chionia as an excellent remedy and am highly pleased with its action in all cases of hepatic torpor, and can especially laud its action in many cases of sick headache. This is the first testimonial I have given in twelve years, and have absolute confidence in its physiological action.

J. R. YOUNG, M. D. Newark, Ind.

The popularity of any one product is a positive assurance that it will immediately have a host of imitators all greedy to secure the benefit of the reputation which it enjoys, due to its value. Inasmuch as substitutes are never as good as the original preparation, and many times positively dangerous, it is unnecessary to warn our readers against knowingly using these goods.

One of the most popular preparations, at the same time, most extensively substituted, is Micajah's medicated uterine wafers. Their intrinsic value in the treatment of diseases of women makes it imperative that the original only be used, if you desire satisfactory results, and that the doctor prescribing, should make it his duty to see that not a substitute is given his patient.

Diseases of the Eye

BY
KENT O. FOLTZ, M. D.

*Professor of Ophthalmology, Otology, Rhinology,
and Laryngology, in the Eclectic Medical
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BOOK REVIEWS

"The book is thoroughly practical."—*Medical Visitor*, Dec. 1900.
"It is up-to-date in every respect."—*Botanic Practitioner*, Jan. 1901.
"The first complete work on the subject by an Eclectic."—*Georgia E. M. J.*, Nov. 1900.
"He presents his several subjects in a very attractive manner."—*N. E. Med. Monthly*, March 1901.
"It is plain and concise, yet nothing is omitted except technicalities."—*Medical World*, Jan. 1901.
"Throughout the work one observes special attention to therapeutics."—*The Hahnemannian Monthly*, Jan. 1901.
"In this book the treatment of diseases of the eye by the Eclectic is given."—*The Homeopathic Recorder*, Dec. 1900.
"Direct and rational constitutional treatment recommended in connection with each subject considered."—*E. M. Gleaner*.
"The simplicity, brevity and accuracy commend this as a work of reference for the busy practitioner."—*Sanative Med. J.*, Jan. 1901.
"It is a quite satisfactory and up-to-date text-book on ophthalmology and is written in plain, concise language."—*Mercks Archives*, Dec. 1900.
"The description is succinct to a turn. Lastly, the treatment is correct—purely Eclectic and that means the best."—*S. W. Progressive*, Dec. 1900.
"It is a work that does credit to its author and publishers."
"It is really and truly a great book and should be possessed by every eclectic in the land."
"We cannot too highly recommend this great work on diseases of the eye."—*Am. Med. Journal*, Dec. 1900.
"The chapters on purulent inflammations of the eye and on iritis are alone worth the price of the book."
"It is thorough, nothing is omitted, it is a complete reference."—*Eclectic Medical Journal*, Dec. 1900.
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"In no other work on the eye, to our knowledge, has so much attention been paid to internal medication."—*Charlotte Med. J.*, Dec. 1900.
"We find concise descriptions of the various medical and surgical affections to which the eye and its adjuncts are liable."
"As an introduction to the study of diseases of the eye the volume will certainly prove of decided advantage."—*Medical Bulletin*, Mar. 1901.

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VOL. LXII.

CINCINNATI, MAY, 1902.

No. 5.

ORIGINAL COMMUNICATIONS.

HOW SYPHILIS IS TRANSMITTED.

By Prof. Lyman Watkins, M. D., Cincinnati, O.

SYPHILIS is a general infective disease, and is transmitted from one person to another by contact or inheritance. Leaving out of consideration hereditary syphilis, and syphilis propagated by sexual contact and its perversions, the object of this paper is to discuss the various other ways in which infection may occur, or, as it is usually called, non-venereal syphilis. The virus of syphilis must be furnished by an infected individual in whom the disease is in an active state, and in such the infective matter may come from the initial chancre or from the secondary mucous patches, ulcers or pustules. It may also be transmitted by the blood, tears, milk, saliva or perspiration. The liability of infection from a syphilitic is generally supposed to end with the subsidence of the secondary manifestations, but even in the tertiary form a relighting of the morbid process may still render a syphilitic dangerous to the uninfected.

Physicians frequently acquire syphilis by accidental contact with the virus. This may occur through a slight puncture while operating on a syphilitic patient, or during an accouchment chancre of the index finger is frequent from lack of care in vaginal explorations. Nurses and midwives are not free from liability to contract syphilis in the performance of their duties. Hundreds of cases are on record of syphilis acquired in this manner. Syphilis will sometimes spread through a gang of manacled convicts from an infected member of the chain, the forced juxtaposition rendering such contact possible and almost unavoidable.

"Family syphilis" frequently occurs from an indiscriminate use of wash-bowls, towels, utensils, toilet articles, and closets. A borrowed syringe has inoculated the innocent patient, and washwomen are infected through the soiled clothing of a syphilitic. Surgical instruments, unclean and non-sterilized, used from one patient to another, were in the past fruitful sources of non-venerel infection, and Sperling relates a case where the virus dried upon a lancet inoculated a patient after an interval of seven months. Mouth syphilis sometimes occurs from unclean dental instruments, while on the other hand the dental surgeon has been infected from a syphilitic patient through a slight abrasion upon the fingers. While infection may result from an unclean water-closet seat, this accident is comparatively rare, being exceeded by gonorrhreal infection from this cause.

The poison from an initial lesion will transfer an initial lesion, while secondary manifestations always communicate the disease in the same stage of development as that from which it arises. While the virus may infect through an unbroken skin or mucous membrane, this is probably very rare and in a very large majority of cases there is a breach of continuity, however slight or unnoticed it may be. Every contact with syphilis by the uninfected is not followed by the appearance of the disease; therefore those who are rendered immune by heredity, and others who appear through some idiosyncrasy to be proof against the disease, may escape it at one time only to become infected later; as a rule it is safest to regard all uninfected persons as liable to the contagion if brought in contact with its active state.

Smokers become infected by an indiscriminate use of pipes, and a syphilitic cigar maker who moistens the tip of the cigar with saliva in finishing, may disseminate the disease in far different locations; for it must be remembered that desiccation does not destroy the virus of syphilis, and that it may remain active months or even years.

Surgeon F. R. Barker, of the British army, reports the cases of twelve soldiers, and surgeon Whitehead of five, who were syphilitized by tattooing, the operator having mucous patches in his mouth in which he moistened his needle and colors.

Indiscriminate kissing is a favorite mode of syphilitic infection, and many a lover or husband has transmitted the disease to sweetheart or wife in this manner, while children are frequently contaminated by kisses of nurses and others. Several cases are on record where it has been caused by bites inflicted on the lip or elsewhere in the dallings of love or in fierce personal encounters. Drs. Tchagin, Sturgis, Bryant, and Sir Everhard Home relate instances of this nature. That syphilis may be conveyed from one individual to another in vaccination, by using the scab taken from an infected subject, is well substantiated by numerous cases. Chancres upon the face and chin have sometimes occurred from an infected razor, and occasionally a chancre upon the scalp results from a slight scratch with a barber's comb.

Here follow some quotations from an article on syphilis by Henry Lee, Esq., in Holmee's System of Surgery, vol. 1:

"A young lady had a tooth transplanted, and the tooth fastened extremely well. It continued firm for about a month, when the gum began to ulcerate, leaving the tooth and socket bare. The ulcer continued, and blotches appeared upon the skin, and ulcers also in the throat. The disease was treated as venereal, and the symptoms disappeared, but they recurred several times after very severe courses of mercury. She at last got well.

"A gentleman had a tooth transplanted, and the tooth remained without the least disturbance for about a month. The edge of the gum then began to ulcerate, and the ulceration went on until the tooth dropped out. Some time afterward, spots appeared almost everywhere upon the skin. He was put upon a course of mercury, and all disease disappeared.

"In the medical transactions of the College of Physicians of London, published in the year 1785, Dr. William Watson at that time the vice president of the Royal Society, gives an account of the case of a young unmarried lady, about twenty one years of age, who had a tooth transplanted into the socket of one of the incisors of the upper jaw. The new tooth fastened exceedingly well. It remained firm for a month, when her mouth became very painful. The gum became ulcerated, and part of the alveolar process was left bare. Before another month the ulceration occupied the whole space under the upper lip, between the teeth and nose. It extended likewise to the cheeks and throat. Blotches then appeared on her face, neck, and various parts of the body; several of these became ulcerated, painful sores.

"It is by no means always easy to say whence the secretion is derived which contains the infecting matter. I have lately had under my care three medical men, each of whom had become infected in their hands during their attendance upon midwifery cases. In one of these instances craniotomy had been performed, and in attempting to extract the child the surgeon had his finger between the bones of the foetal head. A pain then occurred and pressed the bones violently against the surgeon's finger; an abrasion was the consequence. At the expiration of four weeks, a phagedenic looking sore, surrounded by induration, appeared on the finger at the part corresponding to that which had been injured by the foetal bones. This was followed by secondary symptoms, with extreme depression. For several years this gentleman was unable to attend to his business, but ultimately his health was entirely restored by a course of calomel baths.

"In a second instance an indurated sore formed on the finger of a medical man, and his health was entirely broken down by the symptoms which followed. This case was complicated by the occurrence of secondary abscesses.

"In the third case the surgeon would scarcely believe that the small indurated spot which had formed on the side of his forefinger could

have been the original cause of his failing health. The subsequent history of the case, however, fully revealed the real nature of the disease.

"Susan B., aged 66, presented herself at King's College Hospital, with a scaly, copper-colored eruption raised above the surface of the skin, and having in some parts a tubercular appearance. She had also a well defined and extensive indurated sore on the lip. She said she never had any venereal affection, and had given birth to twelve healthy children.

"Eighteen months before applying at the hospital she had noticed a pimple on the inside of the upper lip, which contained a little clear fluid. This broke, and a small sore formed which, however, again healed in about a month, leaving a circumscribed induration. Three weeks ago the sore again broke out, and gradually extended until the date of her application at the hospital. An eruption made its appearance between three and four months from the commencement of the pimple on the lip, and this had continued to recur at intervals ever since.

"This old lady had taken her granddaughter to nurse, and having become exceedingly fond of it, was in the habit of constantly kissing it. Her son, she knew, had suffered from some venereal disease five months previous to the birth of the child; her daughter in-law had died a few days after her confinement, and had not suckled her infant which was consequently brought up by hand. When the child was ten weeks old some sores appeared upon its tongue and lips; these were followed a week afterward by an eruption on the nates, which was still visible when the grandmother applied at the hospital, and was clearly of a syphilitic nature. This woman might have, and probably often did, kiss her son with perfect impunity, but the syphilitic poison appears to have acquired increased activity with the new life of the child, and with that increased activity to have become more readily communicable by contact.

"The wife of a missionary applied to me with her husband. She was the mother of a healthy family, and until recently had enjoyed good health. She had kept a kind of home for destitute girls, and to one of these girls, who was subsequently known to have been a patient at the Lock Hospital, was entrusted the care of this person's baby. After the lapse of a certain time, the baby had a well marked syphilitic eruption on the body and nates, the mother remaining in the mean time quite healthy. Four months after the eruption showed itself on the baby, the mother had characteristic symptoms of secondary disease. I had an opportunity of tracing the course of the disease, both in the child and in the mother; but although every effort was made, I could never discover how it was that the child first received the disease, or by what means it was communicated to the mother. But the whole of the circumstances left no doubt whatever on the minds of any who witnessed the case that the disease had been

given by the girl who was taken into the missionary's family to the baby, and that it was communicated by the child to its mother—an interval of four months having occurred between the first appearance of the symptoms in the child and in the mother.

"A young woman had an eruption which was supposed to be syphilitic. Upon being questioned upon the subject, she indignantly denied the possibility of such being the case. When I saw the eruption and the accompanying sore throat, I had no doubt whatever as to its specific nature. I found on the tongue a raised, circular, hard lump, and the submaxillary lymphatic glands were in a state of chronic induration. This patient submitted to an examination. There is no enlargement of the glands in the groin and the hymen was perfect. Upon inquiry it was ascertained that this patient was in the habit of using the same spoons as another servant who was known to have a syphilitic affection of the mouth. The mode of entrance of the syphilitic poison in this case was indicated by the persistent induration on the tongue, and by the corresponding chronic multiple enlargement of the submaxillary lymphatic glands.

"A young gentleman about to be married had a well marked circular induration, superficially excoriated, on his tongue. The submaxillary lymphatic glands were in a state of chronic indolent enlargement. The patient maintained that his symptoms could not be syphilitic, but admitted upon being closely questioned that he might have caught the disease on his tongue from the lips of an infected person. The nature of the disease was fully proved by the appearance, in a short time, of a well marked general syphilitic eruption.

"M. Roolet has recorded a very striking case in which the disease was transmitted by the mouth from one individual to another, and from him to a third. A. S. had primary syphilis, followed by a papular syphilitic eruption and excoriations in the lips. The patient was a glass blower, and his occupation passed the tube through which he blew to another workman who carried on the process. This second workman had in October a hard lump the size of a cherry stone on the anterior surface of the right side of the lower lip. The corresponding lymphatic glands became specifically affected, and on December 10 he had ulceration of the throat. The patient passed the tube in his turn, after he had done his part, to another workman, who completed the process. This third workman, in December, had several ulcerations on his lips, and a mucous tubercle at the back of the throat, with pain in swallowing.

"A married woman was admitted into St. George's Hospital, who, after her last confinement (having been previously quite healthy), took a child to nurse in addition to her own. The strange child proved syphilitic; the woman had an ulcer on the breast, which was followed by a well marked syphilitic eruption. This woman had taken the precaution to keep each child to one breast, and although her own

child was allowed to suck for six weeks after the eruption had appeared, yet it remained unaffected."

In conclusion, one case occurring recently in the writer's practice will be mentioned. A young married lady, aged 30, drank from a public drinking cup just after a young man who was suffering with mucous patches in his mouth and sores on his lips and tonsils. In about four weeks she was attacked with indurations, patches, and enlarged submaxillary glands, followed later by skin eruptions and loss of hair. Her husband and two little girls, aged seven and ten, also acquired the disease from the wife and mother, and all are still under treatment.

RESULTS IN CASES TREATED ORIFICIALLY.*

By F. W. Range, M. D., Roseville, Ills.

IN nearly all cases treated orificially by me I have had the most gratifying results, and in those that have not responded as well as I have hoped for, I find the fault has been in me and not in the method employed. I dare say that in all cases where orificial work is needed and it is done properly, one need have no anxiety about the results, as in most cases it will exceed his expectations. I will give you the results of a few of my most interesting cases.

Doctor M., age 82, has been in active practice for over 50 years until about ten years ago, when he became too feeble to attend to the wants of his patients outside his office; has been a sufferer from chronic bronchitis for 15 or 20 years and has had recurrent acute attacks every winter; heart's action very weak, and circulation so poor that it required external means for keeping the extremities warm. Doctor K. and myself were called to see him and found his condition as above stated, only he was not suffering from acute bronchitis, but had called us in in order to relieve his trouble—retention of urine—from which he had been troubled for two days previous, and had had frequent attacks before.

The examination of the organs, and especially the penis, showed that the prepuce had actually grown over the glans—was grown so tight over the glans as to completely cover it, leaving an opening too small for the introduction of a small probe from the ordinary pocket case. The retention was more from that obstruction than from the enlarged prostate. He had been advised, a few years before, to have the trouble attended to, but at that time was causing him no inconvenience in urinating, and as the thought that the reflex irritation was, in all probability, responsible for his bronchitis, seemed very foolish to him, he would not listen to it, and it was only when it caused retention of urine that he sought relief.

Owing to the feeble condition of his heart and extreme irritability of the nervous system, we thought best to use a local anesthetic—

*Read before the American Association of Orificial Surgeons, Chicago, September, 1901.

cocaine—rather than administering a general anesthetic. After making an incision through the skin we found that the prepuce was so tightly adhered to the glans that a dissection was really necessary in order to remove it. There was retained smegma and some evidence of pua. After we had dissected the prepuce, we circumcised him, enlarged meatus urinarius, passed a sound, and ordered him to remain in bed for a week, at least. Wound healed nicely and recovery was uneventful. We had told him that his bronchitis would be very much benefited and circulation would be better, and his entire system would get benefit from the work done. His answer was, "I hope so, Doctor, but I can not see how you are going to help my bronchitis and improve my circulation by circumcising me." Assuring him again that such would be the case, told him to wait and watch.

I have not seen him since he recovered, but hear from him every month through his son, who is a traveling salesman. On his first trip, which was about a month after the work was done, his son told me, "Father said tell you that he was doing fine; has had no more trouble in urinating; his bronchitis has been better than it has been for years, and was the first time in ten years that he could go to bed without something warm having been put to his feet." I have since been hearing from him and always the report, "He continues to improve."

The case struck me as being remarkable from the fact that the patient, being a physician, and a successful practitioner, would allow those parts to become involved to such an extent, and when the orificial thought was first mentioned to him, he would neither accept nor countenance it. It is needless to say that he is now a convert to the orificial philosophy.

CASE 2.—Miss B., age 24; family history good; one of a family of nine children; mother and father living, both enjoying good health; no consumption on either side. About four years ago the patient had an attack of pneumonia which left her in a delicate condition, suffering so much from coughs and asthmatic attacks that for the last three winters she visited Colorado, where she always enjoys good health and gains flesh, but on her return to Illinois would again be attacked with all her old symptoms. Her attacks resembled asthma very much. She could not go where they were sweeping or washing, or out doors in damp weather or of evenings.

When she presented herself to me for treatment I questioned her about the pelvic organs, and an examination was denied—she said she had no trouble there, I prescribed for her, but with very little success. About the time she was seeming to improve, I was called to see her, and, as I expected to find her in a severe asthmatic attack, was very much surprised to find her suffering from an attack of acute cystitis. I had asked her if she had had previous attacks and she told me that she had been troubled with the same trouble ever since the attack of pneumonia. I asked her the reason why she did not tell me at first. She said she was afraid she would have to take local

treatment. I told her that that would be the case, and unless she would submit I did not think I could do her any good.

She finally submitted and on examination I found all the parts to be in normal condition except the urethra which was red and swollen, and the anus which seemed very much contracted. I gave her local treatment for her bladder, using a number 12 catheter and told her to return in two days, but instead she did not return for a week and I thought I had made matters worse, but on her return she said, "I felt so much better after I got home that I thought I was cured until today when the symptoms began to show themselves again. I had her come to the office regularly for treatment for about three weeks. In that time I gradually increased the size of the catheter up to a number 14, and dilated the rectum as much as I could without an anesthetic. I washed out the bladder with a solution of boracic acid and hydrastis.

She began to improve from the start until now when she is able to help with all the house work and go about with impunity, regardless of the weather or the time of day or night. She has begun to gain in flesh and says she feels better now than she has at any time since previous to her attack of pneumonia. After I began local treatment I stopped all medication, and I attribute the results more to dilatation of the urethra than to anything else.

NEUTRALIZING MIXTURE.

By W. H. Hartley, M. D., Sydney, Australia.

I use the name above mentioned to distinguish this preparation from the old "neutralizing mixture," for though in many respects similar, the addition of certain agents has in my opinion vastly increased its potency, and rendered it more efficient in many forms of disease.

I have used the preparation daily in a practice extending over 14 years, and have found it a true specific for certain pathological states — just as positive in action when rightly selected as any single agent I have used. I may add that I do not know anything that could be substituted for it, and would not care to practice medicine without it. By varying the dose both irritative and atonic conditions may be reached, though it is in the latter that its best effects are manifested.

The symptoms calling for the remedy are, a broad tongue, generally moist, pallid or inclined to be so, though at times the tip and edges may be of normal redness (in irritative conditions of the gastrointestinal canal the tip may show increased redness); the coating will vary from a thin film to a thick grayish or yellowish white substance. At times the tongue is soft and flabby, and bears on its edges the impress of the teeth. Debility, lassitude, and muscular weakness are prominent indications; in some cases the latter is a marked feature, and seems out of all proportion to the predominant wrong. Flatu-

lency, pyrosis, acidity, gassy distension of the stomach, with unpleasant sensations of fullness after eating are very frequent, and sometimes there is nausea and vomiting. In any case presenting the conditions above mentioned it will be found a remedy "par excellence," and these cases cover quite a number of very unpleasant ones.

I frequently make it a vehicle for the administration of other remedies in suitable cases. For instance, nux is added in abdominal troubles, collinsonia or hamamelis in hemorrhoids, and so on. In other cases it is given separately; as an example, in cholera infantum the prescription may be: R—Ipecac 10 m, aconite 4 m, aqua ad 3iv; one teaspoonful every hour. R—Neutralizing mixture 3ij; one teaspoonful three times a day after meals.

Too much can not be said in praise of the remedy. I use it daily, and prescribe it in every form of disease, regardless of name, and in all, its benign influence is unmistakably manifested.

It has cured chronic rheumatism of years' standing, various forms of dyspepsia which had resisted all kinds of treatment, diarrhea both acute and chronic, ulceration and catarrh of the stomach, colic, jaundice, mesenteric disease, chlorosis, chorea, neurasthenia, cholera infantum, etc. It is an ideal tonic, and will be found especially good for debilitated females suffering from disease of the reproductive organs, and when associated with the remedy indicated by the uterine wrong, will do all that medicine can do toward restoration of health, and re-establishment of normal function.

In many cases of gastro-intestinal disease its effects seem truly wonderful; not only does it indirectly assist the action of other remedies, but exerts such a positive influence upon the gastro-intestinal functions that cases deemed hopeless before its administration now yield readily to treatment, and not only does it facilitate the cure, but renders it more permanent also.

The medicine is prepared as follows: R—Rhei E. I. 1 lb., golden seal $\frac{1}{2}$ lb., cinnamon $\frac{1}{2}$ lb., cramp bark $\frac{1}{2}$ lb., bicarb. potass. 1 lb., licorice 2 ozs., sugar 4 lbs., oil of peppermint 50 drops, rect. spirits 32 ozs. Bruise the rhubarb, coarsely powder or granulate the golden seal, cinnamon, and cramp bark, put them into a vessel containing 9 quarts of water and let stand 12 hours; then place the vessel over a fire, heat quickly to boiling point and keep boiling briskly for one hour; then strain and express until 5 quarts are obtained. Dissolve the licorice in a little water over a fire, add it and the sugar to the decoction, and incorporate the whole by a gentle heat, and stirring until the sugar is thoroughly dissolved; now add the bicarb. potass. and stir until the froth settles; strain the whole through a flannel bag, add the alcohol and oil of peppermint combined, and you will have about one and a half gallons of one of the finest medicines ever prescribed.

The dose will vary from a few drops frequently repeated to a teaspoonful every one or two hours in irritative conditions, to two or three

teaspoonfuls three times a day immediately after meals in atonic states. I rarely use a larger dose than two teaspoonfuls, though where constipation is a marked feature this may be done with advantage. The superiority claimed for this preparation over the old neutralizing cordial is due in a great measure to the addition of hydrastis, viburnum, and licorice. Of the virtues of hydrastis it would be superfluous to speak; every eclectic knows or should know them. Of viburnum opulus it may be said that it is mostly valuable in uterine troubles, but I am convinced that its influence upon the digestive tract is equally great, and its action in many acute diseases of the gastro-intestinal canal is both prompt and lasting. It is a most valuable remedy in painful affections, such as colic, cramps, etc. I add the licorice for its demulcent and antacid properties, and its addition makes the preparation especially valuable in heartburn and kindred troubles, inflamed or ulcerated mucous surfaces, etc.

Prepared as above mentioned the compound as a whole is a beautiful specific of inestimable value where indicated, and will rarely disappoint. Though a compound, there is such a homogeneity about it that I have long ceased to regard it as such, and think of it as I do of rhus tox, aconite, phytolacca, or any single remedy. And for the matter of that, is not each of these a compound also? Are they not composed of fluids and solids, alkaloids, resinoids, neutral principles, etc.? And this being so, I maintain that any harmonious combination of principles may be as true a specific as any so-called single agent. Try it, my friends, and my word for it you will lose nothing by so doing.

URTICARIA—HIVES—NETTLE RASH.

By E. H. Moore, M. D., Rew City, Pa.

THIS disease is characterized by the rapid development and quick disappearance of an eruption varying in size from that of a pin-head to a twenty-five cent piece, and giving the sensation and appearance of a mosquito bite or a bee sting, except the pain of the latter is represented by a severe pruritus. The chronic form shows more persistence of the individual lesions, and frequently recurs.

Symptoms.—The acute form is preceded by languor, anorexia, and chilly sensations, followed by a moderate increase of temperature, and emesis in about 50 per cent. of the cases, after which the eruption immediately appears. Constipation exists in most cases. The first symptoms are severe pruritus, tingling, stinging, or burning on different parts of the body and limbs, no part of the skin surface being exempt, except the scalp. Erythematous patches of various sizes and shapes, soon appear at the points of irritation, which, when scratched or rubbed by the patient, soon become turgescent—the skin being more or less torn by the finger nails. The swollen parts are first red, later may become white. The names applied to the vari-

ous manifestations of urticaria refer to the appearance of the lesions, rather than to any difference in nature. *U. nodosum*, or *tuberosum*, means a nodular or tumor-like mass; *U. bullosum*, the development of blebs; *U. papulosum*, small papular swellings; *U. edematosa*, dropsical enlargement of a part; *U. hemorrhagica*, bleeding of the diseased surface; *U. factitia*, an irritable condition of the skin on which friction will at any time produce a lesion; *U. persistens* refers to the permanency of each individual lesion. The wheals in this disease are considerably elevated above the skin, and can be plainly seen and felt. In some cases the tongue, pharynx and larynx are implicated. If the epiglottis becomes involved, there is danger of asphyxiation.

The papillary form is attended with the most severe pruritus, which is no doubt due to the greater number of points of irritation, as well as to the greater capillary strangulation. The bullous lesions are first erythematous, with severe pruritus, then wheals develop, then the bleb, which occurs within twenty-four hours from the beginning of the first stage. In any of the acute forms of this disease, both objective and subjective symptoms, except the nail scratches, may disappear within a few minutes.

Chronic urticaria does not materially differ from acute, only that the individual lesions may last for several days, and are constantly replaced by new ones, or they may disappear for a day or two, to reappear, and thus persist in an intermittent form for months or perhaps for years. The systemic disturbance as a rule is not severe, but brain or throat complications augment the danger of fatality to a great extent.

Etiology.—The cause of this disease may be attributed to internal or external irritation of the vaso-motor nervous system. Pie, cake, candies, nuts, broiled dinners, fruits, such as strawberries, raspberries, bananas, alcoholic drinks, malt liquors, soda and acid drinks, frequently act as a causative. Indiscretions in diet and drink are the prime cause of this disease.

Intestinal worms frequently produce urticaria. The local irritation caused by the bites or stings of insects is a very common cause. The application of nettle weed to the surface will produce urticaria at once.

Pathology.—The pathological conditions of this disease are temporary and consist first of spasmodic contraction of the cutaneous vessels, exudation of serum in circumscribed areas, producing what is known as wheals, followed soon after by relaxation of the vessels, absorption of the serum and the disappearance of the rash.

Diagnosis.—Urticaria being the only disease in which the eruption consists of wheals, its sudden appearance and disappearance, together with the disturbance of the alimentary tract, and the burning and itching with which it is accompanied, serve to make the diagnosis certain. Mosquito bites and bee stings are the only conditions that are in any way similar.

Prognosis.—Always favorable, except in brain and respiratory complications, and even under such circumstances, but a small per cent. succumb to the disease. The chronic, or recurring form is sometimes troublesome, but will readily yield to treatment directed to the removal of the cause.

Treatment.—The frequency with which this disease is met, more than its gravity, calls for some definite form of treatment. It will be well to first correct dietary wrongs as a preventative for the future. The treatment consists of removing the cause. Cleanse the stomach by lavage or emesis; empty the bowels with antibilious physic. For the benefit of any who may not know its the composition of which is pulv. senna xvi parts; jalap viii; zingiber 1 part. Of this to an adult 3ij may be given in half a cup of hot sweetened water, followed by the indicated remedies. A solution of bicarbonate of soda in hot water will allay the itching.

Where intestinal worms cause urticaria, relief will follow their speedy removal.

MORPHINE IN THERAPEUTICS.

By J. C. Kilgour, M. D. Harrison, O.

WHILE much has been written about other drugs, I do not remember to have seen anything about the remedial value of morphine. It has been classed among the narcotics and pain alleviating anodynes as a temporary make-shift, but its use has been deprecated and justly so for the harm it might do and has done; but if used in proper cases and with caution, it is as indispensable and valuable in its limited sphere as any remedy we have, and has many times saved a life where no other drug could do so. I will cite a few cases showing its usefulness.

CASE 1.—A young girl, 10 years old, had typhoid fever in a severe form. In the third week a delirious talkative mania came on, which prevented rest and was rapidly wearing her out. Other sedatives had been tried with no relief, when I gave $\frac{1}{2}$ gr. of morphia, which resulted in a quiet restful sleep, and repeated two or three evenings cleared up the mental condition, and a good recovery soon followed.

CASE 2.—A boy 8 years old had pneumonia with severe pain in chest and short difficult breathing, with delirium, when $\frac{1}{2}$ gr. morphia relieved the respiration and delirium, with a speedy fall of temperature by the aid of other remedies afterward; and in this case a consultant had insisted on tapping the pleural sac, contending that the difficult breathing was the result of effusion; but the prompt relief from morphia demonstrated the correctness of what I attributed to pain in pleural membrane.

Bryonia and asclepias would have finally brought relief of this pain, but not in half an hour as this did, nor would the delirium and temperature have cleared away for several days.

CASE 3.—A young married woman suffering from the effects of

abortion with a septic fever was wildly tossing about, with loquacious delirium and a temperature of 105° when I was called, and the first thing I administered was $\frac{1}{4}$ gr. of morphia, which made her quiet and rational, and brought down her temperature to 103°; and this was necessary to be repeated two evenings, while in the mean time cleansing and proper intercurrent remedies soon restored her health.

CASES 4-5.—were men who were suffering from alcoholic debauch, and could neither sleep nor eat, and were grasping at shadows and leaping out of bed and escaping from their nurses into a stormy night with only their night clothes and recognizing no one, which condition does not tend to a spontaneous recovery, but if unrelieved results in starvation and death, brought on from maniacal excitement. After I had vainly tried to relieve the first of these with chloral and the bromides and other drugs of this class, $\frac{1}{4}$ grain of morphia given hypodermically brought prompt relief, and required only to be repeated one more evening, followed by proper food, which very soon restored them to normal condition.

No nausea or vomiting occurred from its use in any of these cases cited, but it often does where it is given in unsuitable cases, but never according to my observation when this condition of mental hallucination or this cerebral excitement existed. However when given in the absence of this and where it is not indicated, it frequently will produce this very form of cerebral excitement in a less degree, showing its direct action on the nerve mass, and through this it produces nausea and vomiting, and not from local action on the stomach. It is a remedy to be used with discrimination, as it has as many bad qualities as good ones, and the same may be said of many other drugs. I regard chloral as a much more dangerous drug than morphine, because its quantitative action is so uncertain and its effect on the heart is to be feared, because little time is given for relief if it manifests a poisonous effect. In none of these cases does morphine need to be given long enough to form a habit.

CREOSOTE.

By C. D. R. Kirk, M. D., Shuqualak, Miss.

WE all know how and when creosote is needed to kill the nerve of an aching tooth, and how to combine it with many other medicines for the coughing patient, and various other uses after the "regular" habits of prescribing it, but who knows its specific indications? Perhaps many do, but I have not read nor heard of it. I would not think of presuming to write all of its uses, but I do know from sundry cases treated that it gives relief in all cases associated with full red or deep rose colored tongue. It is not the deep red for hydrochloric acid, with the contracted tongue, but the full, broad, deep, rose-colored tongue. Some of the most obstinate cases of vomiting have this kind of a tongue, accompanied with eructations, for which I give

R.—Beechwood creosote, gtt. xx, gum arabic water 3iv; the dose is a teaspoonful every half hour until vomiting ceases, then less often.

We find quite a number of cases of cough associated with the creosote tongue, which it will relieve very rapidly. But it makes no difference what the disease is, nor the cause, if we find this peculiar tongue creosote is the remedy. The dyspeptic who has played the gorman should omit his great meals of meat, and take creosote. The consumptive should take it with his cod-liver oil, comp. syrup hypophosphites, etc.; and the woman who has leucorrhea, with specific senecio.

CARE OF ACUTE INSANE.*

By Bishop McMillen, M. D., Columbus, O.

ABOUT six of every ten persons who become insane do not realize their condition nor think they are insane, and reasoning from their distorted ideas, conclude that their family and neighbors have gone wrong or are acting willfully and possibly plotting to do them bodily harm.

As a result of these insane superstitions, many acts of violence, even assault and homicide or suicide, may be committed before the family recognize the onset of insanity or the necessity of calling a physician in the case.

At the earliest possible moment in the forming stage of mental disturbance, even when a diagnosis is yet in doubt, the patient should be warned of the approaching danger. The subject should be fully discussed, in private, between the physician, patient and family, and the dangers pointed out. The patient should be made to fully understand his condition if it is possible for him to understand it; this knowledge will often correct a forming delusion, and many horrifying acts performed by the acute insane could be avoided.

If, at this early period, the patient will not believe he is suffering from a mental disease, it will be important to both physician and family to know what the patient really does believe in regard to himself; the sooner a watch is placed over the patient the better for him and his surroundings.

It is obvious, for many reasons, that the attending physician should speak his mind as readily to the patient if he be threatened with an attack of insanity as when called to a case of measles or a broken bone.

To place a watch over a patient, or to hold a whispered conversation in his presence, or even to step aside for consultation, may excite suspicion. For this reason every question he may ask should be fully and promptly answered; no force or restraints should be used without each time giving the full and rational reason that his mental con-

* Reprinted from Transactions National Eclectic Medical Association, 1901.

dition is the cause for such action, or a distrust and even bitter hatred towards the physician, nurse, or family may be excited.

When a full understanding of the case is reached by all concerned, the next thing must be a definite plan of action for the management and control of the patient. Competent nurses who can give constant attention day and night must first be selected and placed in charge. The next step is to search the patient and remove from his person and surroundings all medicines, knives, guns, and articles of furniture and bricabrac that may be used to do harm with to the patient or attendant while in his room. When out for exercise close watching will prevent him picking up and secreting anything harmful. All keys must be removed from the doors and carried, or the patient may lock the attendant out and do much mischief.

It is necessary to exclude all curious onlookers, and those persons who are admitted, should not be allowed to make any promises to the patient they do not expect to fulfill, or to use deception of any kind, nor talk silly or foolish, because the patient does.

Loud laughing and frivolities of every kind tend to excite and either annoy or confuse the patient, besides it is liable to throw the attendant off his guard and weaken discipline.

Firmness with kindness should be the attendant's motto under all circumstances, for insane patients lose self-control; this may be in slight degree, and a word of suggestion from the attendant may correct it, or it may require a command, while with others positive firmness will be required.

If the attendant has sufficient will-power to be confident that he can be master of the situation he will succeed, for fear and doubt are at once recognized by the patient, and many of them will take advantage to the extent of destroying discipline, which is as necessary with the insane as in the school room.

An active, watchful attendant who possesses an even temper, and who is on the alert for a chance to do an act of kindness to his patient, can be firm even to force, and still at most all times hold the respect and confidence of his patient. The insane are like children, usually willing to obey if the attendant sees to it that not too many requests are made, and every one that is made is obeyed. No promises should ever be made to a patient that are not righteously kept; no liberties should be taken, nor deception practiced.

Delusions should be evaded, not agreed with, for insane ideas are real to the patient. In a word, use the patient as if he was sane on every subject of thought, for many of his mental faculties will be found to be normal, and any fraud is detected by him and confidence destroyed; here is where "honesty is the best policy," and nowhere should the golden rule be more closely lived up to than with the insane. Every step in the management of these cases should first be fully explained, and repeated time and again if necessary, until the blunted intellect grasps the idea you wish to convey.

When it becomes necessary to remove a patient from home to a sanitarium or asylum, tell him so, for it is better to use force and hand-cuffs than deception, and then after a promised ride or visit, to stop at the door of an institution to explain the purpose of the trip. This shocks the already excited nervous system, destroys confidence in their family, and such patients always want to go home, and are harder to retain and control in a sanitarium or asylum than those who leave home with a full understanding of where they are going and the object to be gained by their being from home for treatment.

It can readily be seen why honesty, firmness and kindness are the "keys to success"—the "prime factors" in the management of the insane, while feeding and sleep are the prime essentials to recovery.

A restless insane man expends more energy than the average laborer does when working full time, and food and water are just as necessary for the one as the other. Great tact is often required to induce a patient to eat full meals, and often it becomes necessary to hold the patient and feed with a spoon. Milk and other liquids are more easily fed than solid food. In extreme cases the nasal tube must be resorted to and this should not be put off until exhaustion is too great or the patient will die of hunger.

Medicines, when refused, can often be given with food through the nasal tube when not prepared for hypodermic medication.

Sleep is important but not to be compared with the importance of food. The full patient will sleep much better than the hungry one can. Then by being conservative of the physical forces the patient will not run down so badly, for physical health must be fair before mental recovery can be expected. Careful attention therefore should be given to food, its preparation and digestion, as much depends on good nutrition of the brain.

Hypnotics, where necessary, should be used in full doses, so that one dose at bed time will cause sleep without delay, never during the day time. At night they serve a two-fold purpose by giving sleep to the patient and rest to the family.

Medicines, to cause sleep, usually stupefy the patient, disturb digestion, thereby prolonging the case and retarding recovery, and should be discarded as soon as possible.

Insanity is a disease of weeks or months, not days, and the safety of the patient and family makes it very important that the care be constant and the attendants faithful and efficient.

A CASE IN PRACTICE.

By E. J. Marsh, M. D., Oswego, N. Y.

DOCTOR M. J. is 26 years old, married, weighs 200 pounds, naturally strong and muscular. Who, when 16 years of age had a run of fever, later la grippe; was never entirely well and vigorous thereafter; complained of an unpleasant sensation and slight

paroxysms of pain in the region of the heart—usually between 3d and 4th ribs at the left of sternum. Never runs or hurries without more or less pain and dyspnea resulting.

Last November patient began to feel worse, hardly able to attend to patients, could not harness his horse or put on an overcoat without experiencing pain ; heart sound weak and beat irregularly, but never intermitting. Finally a violent attack of palpitation sent him to bed, and he was confined to bed and house seven weeks. Since then he has been able to practice, but has to exercise carefully ; can not walk much or rapidly ; can not ride immediately after eating. The pain in head is not continuous, but somewhat troublesome at times every day. There are no murmurs, no abnormal condition which is discernible by the aid of phonendoscope. He is fearful, dislikes to listen to his own heart or have others do so ; is afraid to be alone ; appetite somewhat irregular and never very hearty ; appears well nourished, but rather pale ; kidneys normal ; stomach was bad when taken sick in November, but is ordinarily in fair order. The pain is never excruciating, just severe enough to render him uncomfortable. Prof. Locke recommended crataegus, which does no good. Sp. digitalis and belladonna in combination gives most relief. Cactus, strophanthus and convallaria have all failed. Patient has abandoned the use of coffee—no difference. Never used tobacco or liquor.

I have described my patient's trouble thus particularly, because I would like assistance, and would be glad if any reader can tell me what the matter is and its treatment.

ELECTRO-THERAPEUTICS.

By J. R. Spencer, M. D., Cincinnati, O.

[Continued from page 137.]

OHM'S LAW.—In order to properly understand the strength of the current used in electro-therapeutical work, certain terms, with their signification, should be understood. The adoption of these terms became necessary in order that the mind might grasp the subject in an intelligent manner. The same thing was necessary long ago, in the consideration of distance and quantity, when such terms as mile, yard, foot, inch, gallon, quart, pint, etc., were coined.

The basis of electrical measurement is Ohm's law. This law was formulated by Prof. Ohm, of Nuremberg, in 1827, and, as originally stated by him, is expressed in the following language : "The strength of the current varies directly as the electro-motive force, and inversely as the resistance." This law was for a long time neglected, but later its truth was mathematically proven, and its importance recognized. No one can be a master in electro-therapeutics without having a good knowledge of it.

In order to get a knowledge of this subject, several terms, such as volt, ohm, ampere, and others, must be understood. These terms are

known as units, and are used in connection with different electrical conditions for the purpose of measurements or comparisons. These units here expressed are those that were defined and established by the International Congress of Electricians in Chicago in 1893. There are many electrical units, but only those that pertain especially to electro-therapeutical work will be mentioned here. Those mostly used in this connection are the volt, ohm, ampere, and milliamperes.

The volt is the unit of electro motive force or electrical pressure. Electro-motive force is the power that urges forward an electric current in its effort to complete a circuit. This force is modified in batteries :

1. By the nature of the plates used ; for instance, zinc and carbon used as elements in the cell of a battery will generate a stronger electro-motive force than zinc and copper, as their oxidizability is greater ; also, imperfect plates may generate currents in opposition to the main current ; plates that are partially destroyed by use, or are encrusted by the products of chemical decomposition, give less electro-motive force than perfect plates would give.

2. By the strength of the acid used. Strong acids will act more vigorously on the zinc and produce more electro-motive force.

3. By the number of elements exposed to the acid or battery fluid.

Electro-motive force will also be modified by the conditions that cause the polarization of batteries, which was explained in a previous article. The current passing over a circuit will be directly proportioned to the electro-motive force, modified by the resistance. If there were no resistance, the current would always equal the electro-motive force, but there always is resistance, therefore the two are never equal. The ohm is the unit of resistance. Resistance is that quality of a conductor which impedes the flow of a current of electricity over it. In connection with electro-therapeutical work, the resistance is spoken of as existing in two forms :

1. Internal resistance, or that which is found within the battery.

2. External resistance, or that which is met with outside the battery, such as connecting wires, the human body, or anything that is thrown into the circuit.

Resistance is modified by three conditions :

1. By the nature of the conductor, whether liquid or solid, and by its chemical composition.

2. By the form of the conductor, whether long or short, of a large or small diameter.

3. By the temperature of the conductor.

The following table, which is reproduced here from Dr. Rockwell's Medical and Surgical Electricity, will show the relative resistance of a number of metallic substances at a temperature of 32° F. Those having the least resistance are placed first in the list ; the number placed opposite the names of the metals will show their relative resisting power.

Silver.....	1	Iron.....	6.46
Copper.....	1.06	Platinum.....	11.13
Gold.....	1.38	Lead.....	13.50
Zinc.....	3.75	Mercury.....	62.50

Conduction is the reverse of resistance; then when this table is studied, with this in mind, the figures placed opposite the names of the metals will also show their relative conducting power. This table will also show that silver and copper are the best conductors in the list; copper wire being cheap and yet being a very good conductor, is used in the construction of batteries.

The resistance offered by liquids to the flow of an electric current is very great. Let the resistance of a copper wire at 32° F. be represented by 1, and comparing it with the resistance offered by saturated solutions of the following substances at the temperature given, an idea can be gained of their differences:

Sulphate of copper at 48° F.....	16,885,520
Chloride of sodium at 56° F.....	2,903,538
Sulphate of zinc at 56° F.....	15,861,267

When salines are dissolved in water they increase the conductivity of the water fifteen or twenty times. Heat will increase the conductivity of liquids, but will decrease the same power in metallic substances. A copper wire conducts electricity about four hundred million times better than the human body does, even when the cuticle is thoroughly moistened.

A wire two miles long will offer twice as much resistance as a wire one mile long, each having the same diameter. Wires having a diameter represented by 1, 2, 3, will offer a resistance which will stand in the relation to each other as 1, 1.4, and 1.9 stand to each other; the greater the diameter of a wire, the less the resistance it offers, while the longer the wire the greater the resistance it offers.

There are three factors that enter into the consideration of Ohm's law; these are the current, electro-motive force, and resistance. The law was stated by its author in this language: "The strength of the current varies directly as the electro-motive force, and inversely as the resistance." In other words, the current equals the electro-motive force divided by the resistance. If the value of any two of these be known, the other can be determined by a simple algebraic calculation. The actual amount of electricity generated in the cells of a battery will always be more than the amount that passes around the circuit, owing to the resistance with which it meets. The coulomb is the unit of quantity.

In electro therapeutic work the consideration of the actual quantity of electricity used has not been found so necessary as the current strength or rate of flow of the electricity. The unit of current strength or rate of flow is called an ampere. It has been estimated that if the pressure of electro motor force of one volt be applied to a conductor whose resistance was one ohm, a current strength of one ampere would

be produced. The ampere represents too great a strength to be used in electro-therapeutical work ; so it has been divided into one thousand parts, each one of which is called a milliampere. An instrument known as a milliampere meter has been devised, which is used for the purpose of measuring the dose of the galvanic current. Tension or potentiality is that quality of electricity which enables it to overcome resistance. Electricity flows from a body of a higher potentiality to one of a lower potentiality.

A polarity changer is an instrument used in connection with the galvanic current, by which its direction can be changed at the pleasure of the operator. It should never be used when the milliampere meter is in use, as it is likely to spoil that instrument.

A rheostat is an instrument that is used in connection with a galvanic current, by which the strength of the current can be varied as the operator desires. It acts by throwing into the current more or less resistance, as the condition of the case may demand. Electrodes are the points through which the current passes into or out of the patient's body while under treatment. They are of various shapes and sizes to suit the part of the body treated.

[To be continued.]

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

THE TREATMENT OF EPISTAXIS.

Nosebleed occurs as a physiological process, as a symptom, and as a disease. Hence it becomes necessary to ascertain with some certainty the variety under treatment, if anything like uniformly satisfactory results are to be secured.

Occasionally a young plethoric patient will have quite a profuse nasal hemorrhage without ascertainable cause, with evident relief and no untoward results, which case of course needs no care. Another type in whom the let-alone treatment is highly advisable is the high living, full blooded patient with arterial sclerosis in whom nosebleed arrests apoplexy. Mechanical measures may stop a vicarious menstrual epistaxis, but extremely unpleasant results usually follow, while the administration of some such remedy as bryonia, pulsatilla, or trillin, yields much more satisfactory results. The hemorrhage from a fractured nose usually ceases when once the parts are replaced in normal apposition.

Since nine-tenths of all nasal hemorrhages have a local and anterior origin, the locus Kiesselbachii (that point on the septum upon which the finger impinges when casually introduced), the clamping of the nose, the coin or paper beneath the upper lip, the application of heat to the nose, a cold key or case knife to the back of the neck, the local

use of cobweb, vinegar, or lemon juice within the nose by the patient, usually prove efficacious.

Upon arriving the doctor generally finds the patient bent forward over a pail or cuspidor, the worst possible position he could assume. Direct him to stand erect, loosen the collar and waistband, and elevate arms above the head, which procedure will often stop the flow. If it continues, place yourself opposite the patient, and with the index finger of each hand press vigorously against the upper lip and the alveolus at the margin of the wings of the nose, at the same time compressing the septum. In other words, clamp the nose while pressing downward and backward, releasing the pressure slowly and gradually, once the hemorrhage has stopped.

Personally we are opposed to the use of severe astringents or stiptics as unnecessary in the first place, and as productive of much inflammation, pain, and in some cases sloughing in the second place. Probably the least harmful and most successful astringent has been antipyrin, which may be insufflated or dusted over the gauze strip or used in solution. Cocain in solution has been used somewhat, but there is, and always will be, great danger from its toxic properties. The great superiority of adrenalin chloride over antipyrin and cocain has in modern quarters retired the latter two agents entirely. However, even with this powerful hemostatic, a secondary hemorrhage occasionally occurs some hours after; hence it is always safer to pack the nose. Not infrequently one encounters a severely active hemorrhage, that so rapidly dilutes and washes away any medicament as to make it almost valueless.

The text-books are prone to laud the efficiency of cauterizing the bleeding points, but our own clinical observation and experience are entirely against this procedure.

The customary method of "poking in pledges of absorbent cotton is of about as much practical utility as pounding sand in a rat-hole." In the first place, absorbent cotton increases the hemorrhage by capillary attraction. In the second place, the nasal cavity is of pyramidal shape, larger and more oval posteriorly, with a floor sloping backward, therefore a pledge of cotton introduced at the level of the middle meatus, as it usually is, soon becomes soaked, drops to the floor of the nose, gravitates backward, and leaves the bleeding point again exposed. The only reason cotton ever stops a hemorrhage is because it has been powdered with or immersed in an astringent, or, while momentarily in place, arrests the flow for the few minutes necessary for a clot formation within the bleeding vessel. This offers an explanation as to why the hemorrhage treated by the cotton method stops and starts, compelling the use of many pledges. Rarely is there any count kept, and it not infrequently happens that a pledge remains to be removed later, but after having subjected the patient to a nasty nasal discharge for years.

We have found the following method satisfactory and successful, we believe because it meets the anatomical requirements.

Mount on a substantial probe or dressing forceps a strip of heavy antiseptic gauze or sterile old linen an inch wide, and fifteen inches long; carry back about two inches and press down solidly on the nasal floor a fold of the cloth strip; upon this pyramid place another fold, repeating until the nasal cavity is compactly filled. When you come to remove the packing twenty-four hours later—certainly not later than forty-eight hours—it unfolds with comparative ease and without the uncertainty of remnants remaining in the nares, possibly causing sepsis. If done thoroughly it will not often be necessary to plug the nose posteriorly, a process that is not infrequently productive of sphenoidal abscess, otitis media, septic meningitis, etc.

In a small percentage of cases the hemorrhage will still persist despite any and all of these measures. We recall the case of an old lady who had cancer of the liver, in whom a successful tamponing of the nose resulted in a hemorrhage from the ears and throat.—*Orlin L. Smith, M. D., before Illinois Hom. Association.*

SOME DANGERS OF IRRITIS AND GLAUCOMA.

To the average medical graduate the term iritis covers the complex symptoms: circumcorneal injection, sluggish and discolored iris, contracted pupil, and to his mind, possibly the gravest symptom of all, pain. As book knowledge goes, this is good, and he feels competent to battle with all ocular inflammations, and restore sight to the blind, and prevent serious complications often resulting from "sore eyes."

It is left for the specialist to see the mistake of teaching that inculcates such parrotlike ideas to become a part of a physician's armamentarium.

Just so with glaucoma. The writer has known of students who, when asked "what is glaucoma?" replied, "Increased intra-ocular tension." The how, the why, the wherefore never have been a part of their knowledge, and until they have seen eyes become blind from glaucoma that were treated as facial neuralgia or as a severe conjunctivitis with pain, they do not realize what the effects of the intra-ocular tension are.

It is not within the power of all physicians to enjoy the privilege of post-graduate courses, in which they can become familiar with the various phases that iritis and glaucoma present, and it is with that in mind that the writer will attempt to picture two cases from his records, that, if remembered at the right moment, may be the means of saving some future patients their eyes.

The most pronounced cases of iritis are readily recognized, but some patients present a full-blown case of plastic iritis in which the symptoms have been so mild as to cause the person no worry, and

only slight inconvenience, until the vision begins to be a trifle hazy; then anxiety takes the place of calm composure, and advice is sought. In a like manner such cases are occasionally treated by physicians who diagnose conjunctivitis and prescribe some simple eye wash, the plastic exudates, in the meantime, doing their work faithfully and well, until the sluggish iris becomes bound down to the lens capsule, the sight is impaired, and future total loss of vision becomes a possibility.

The above outcome being possible, what then are the really important symptoms to establish a diagnosis of iritis, irrespective of its variety? Experience shows that a sluggish iris combined with circumcorneal injection is oftentimes sufficient to base a diagnosis, and with these symptoms present careful examination will reveal a discoloration of the iris, as compared with the healthy eye.

If much pain is present or tenderness is exhibited on palpation in the ciliary region, involvement of the ciliary body may be determined. In this case the vision is likely impaired with a "floating cloud" or simply a "blurring."

Anterior synechiae are readily determined by ophthalmoscopic examination, and this should be performed as rapidly as possible, because of the actual pain sometimes caused by the use of the ophthalmoscope in an acute diseased condition.

Synechiae having been determined, the *sint qua non* of treatment is the use of atropin, the strength of the solution being determined by the age of patient and severity of the disease.

The strength of atropin sulphate may be from a one per cent. solution to the use of the actual crystal of the crude drug, in the latter instance selecting a minute particle and allowing it to dissolve in the conjunctival sac. In this event cocaine hydrochlorate, two per cent. solution, should first be instilled, for the purpose of allaying pain caused by the crude atropin and aiding the cycloplegic effects of the drug. Inflammatory conditions of the iris produce a tolerance to the use of atropin, but although an absolute essential in the treatment of iritis, it is a dangerous drug, and no matter what strength is used the physician should watch carefully for its injurious effects; if dryness of the naso-pharynx appears, together with the typical scarlatiniform rash and symptoms of acute mental unbalance, then the drug should be withdrawn, and strong black coffee given frequently and hypodermatic injection of morphin sulphate used at such intervals as to control the acquired drug disease.

Glaucoma is sometimes caused by the unwise use of mydriatics, and extra care should be observed in all cases whose age is thirty-five or over. After the use of atropin the selected remedy should be prescribed.

Many are the treatments advertised for the cure of every affection of the eyes. From the simplest strain to the gravest inflammatory condition a cure is promised, providing regular correspondence is

conducted with the mental genius who combines the power of clairvoyant and mental telepathist together with the ability of the most brilliant physician, no matter what his specialty. The proper fee having been inclosed, the suffering patient is made the happy recipient of acknowledgements, in which he learns that his disease is rapidly disappearing. This he is glad to believe even though the so-called facial neuralgia persists, and the vision rapidly lessens, or other severe symptoms appear. Inquiring the reason, he learns that all these symptoms, which are grave to the educated physician, are but "expressions of the disease" whereby it is "running out."

James Russell Lowell has said : "There's a deal o' solid kicking in in the meekest looking mule." The application is evident to an experienced physician, and as a corollary to the quotation, thoroughness in examination should be our watchword.—J. IVIMEY DOWLING, M.D. *in Jour. of Ophthal. Otol. & Laryn.*

GENERAL ANESTHESIA FOR THE ADENOIDS OPERATION.

In our symposium this month those who advocate general anesthesia seem to have the best of the argument. It may be well to state that the predilections of those invited were not considered when the list was made.

Timidity which prevents resort to a general anesthetic, dwells unduly upon the exceptional death, practically ignoring the five thousand and successful anesthetizations. The danger of anesthesia lies principally in the method of its administration. Fortunately the profession is awakening to the importance of this, and each year skilled anesthetists are more readily to be had.

Patients, especially children, have rights which but too many surgeons are apt to slight. The shock incident to this operation in its brutal form is a serious thing to any child—and the conscious operation at its best is brutal in comparison with that under anesthetic.

A model case happened within the writer's knowledge: a typical adenoid boy "went to sleep" one day when the family doctor was at the house, never saw the specialist nor heard of his connection with the case, awoke peacefully with no shock nor pain, and a few days later asked when his operation was to be; in three weeks or so, as is not uncommon, he developed from a spindling, pale weakling to a rosy, rugged, robust boy. Pro contra—a little girl of nervous temperament was operated "successfully" without anesthesia; the surgeon, a lover of children, gentle and successful with them, being satisfied with the operation and its results. The child had a relapse about a year later and, according to the mother, had not then gotten over the shock; the parents would not hear of another operation without general anesthesia.

Then again, it is no light thing to betray the confidence of a child :

the effect upon the little one is apt to color its whole after-life—such experiences are never forgotten—and upon the surgeon is incalculable. About thirty years ago a doctor betrayed the confidence of a boy (brutally breaking open a boil on the wrist), and to this day is execrated whenever and wherever that man can find occasion to speak of him.

This is not "a simple operation," especially on a struggling child.

In children operated without general anesthesia the probabilities are that the site of this operation is not treated anti- or aseptically, and such irrigation as might be attempted would hardly be effectual. Does not the necessity for haste lead many men to neglect this who in their other operations pay due regard to antisepsis?

Bichloride is too poisonous for use here, even 1-5000, when we have in formaldehyde a safe and more efficient germicide.

If really expert, one should be able to operate with either hand, and to remove post-nasal adenoids while the anesthetized patient lies prone with the face over the edge of the table.

Oxygenated chloroform is by all odds the best anesthetic, the only objection being its expense and cumbrosomeness. Pure oxygen is at hand for emergency, but the color, pulse, and respiration hold good; there is no depression, and usually no nausea.—*Jour. Ophthal. Otol. and Laryn.*

ELONGATED UVULA.

An elongated uvula often accompanies chronic pharyngitis. If on inspection the uvula appears long and flabby, with its tip in contact with the base of the tongue, especially if this is the case with the tongue well depressed, it is probably acting as an irritant, and should be shrunk or a portion of it removed. It may be shrunk considerably by touching the whole surface with chromic acid, previously cocaineizing. If this suffices it is all that is necessary; should the shrinking fail to remedy the trouble, amputation of a portion is indicated. This should be done with the scissors or knife, and not with the galvanocautery.

Cocainize the uvula thoroughly so as to lessen both the pain and the convulsive action of the azygos muscle. Carefully estimate how much it is desired to remove, and never remove the whole, but only the redundant portion; from one-quarter to three-eighths of an inch should always be left. When possible have the patient hold the tongue depressor. Grasp the tip of the uvula with a long pair of forceps, but without putting the whole uvula on the stretch; with a sharp knife, or better with scissors, and preferably serrated-edged scissors, cut on the bias from below upwards, so as to leave the raw edge towards the pharynx. Do not make the cut except when the uvula is at rest, and not especially on the stretch, as otherwise there is danger of removing too much. There is no after-treatment required. It is very sore for a few days, and a week will be required for complete healing.—*Internat. Jour. Surgery.*

SETON HOSPITAL REPORTS.

BY PROF. L. E. RUSSELL, M. D.

CASE 6.—Dr. J. H. Davis, of Wilmington, O., presented to the clinic a Miss G., a school girl aged 17, who suffered untold agonies at each menstrual period, and the strongest opiates were required to give relief. Upon careful bimanual examination, we found a cystic degeneration of both ovaries, and the whip-cord feel was manifest in either tube. It was therefore decided in the consultation that we should do an abdominal double oophorectomy. The ovarian stroma was entirely taken up in the cystic degeneration, which had enlarged to about the size of an ordinary hen's egg. The os abdominale of both tubes were occluded by adhesive inflammatory conditions. The tubes and ovaries were therefore removed, and the patient was returned to her bed very little shocked, and her temperature never went but one degree above normal.

CASE 7.—Dr. E. F. Bittner, of Somerset, Pa., presented a Mr. P. D., 34 years of age, a telegraph operator by occupation, who had received a severe fracture of the left parietal bone, some five years ago. The patient had been subject to trephine following the injury, and a portion of skull about the size of a half dollar had been removed. He was much benefited following this operation for some little time, and then began to show symptoms of insanity, which finally fully developed, so that he was placed in an asylum for about eighteen months.

The case at this time came into the hands of Dr. Bittner, who decided that a thorough removal of the depressed skull ought to bring relief. Consequently the patient was brought here to the Seton Hospital, and after preparation, an incision not unlike the shape of a horse shoe was made, extending from the upper edge of the forehead some four inches in diameter, and the parietal fully exposed. Then with gouge forceps we removed all the depressed skull, amounting to about the size of the palm of a man's hand. The wound was dressed with drainage gauze to carry out the effusion between the meninges and the scalp. The scalp wound was entirely closed by the method of over and over suture.

The patient was considerably shocked for the first 24 hours, after which he gradually assumed a normal temperature, and within three weeks was enabled to return home.

One thing quite strange in his case is the fact that he said he could remember almost everything that transpired from his youth up to the time of the injury; and that from the time of the injury up to the day following the operation, everything seemed an entire blank. He now talks freely on almost any subject, and to all appearances has made a perfect recovery.

CASE 8.—Dr. F. M. Dickason, of Petroleum, Ind., presented to the clinic his nephew, about 21 years of age, who had developed tubercular cervical glands. An S shaped incision was made on the left side of the neck, extending from the angle of the inferior maxillary along the inferior border of the sterno-cleido mastoid muscle, down to a point below the clavicle. The skin and fascia were dissected up, exposing the field of the cervical glands, one about the size of a pullet egg, and twenty others varying in size down to that of marbles, were removed, making a very extensive dissection from the upper angle of the wound down underneath and behind the clavicle. The space was filled with iodoform gauze which was allowed to remain for two days for the purpose of drainage, when it was removed and pressure made over the line of the dissected tissue to obliterate the space, and cause adhesions. The patient made an uninterrupted recovery, the temperature returning to normal within 48 hours following the operation, although he had been carrying temperature for several days prior to the removal of the diseased glands.

The old method of dealing with tubercular glands by giving alternatives, and different kinds of blood medicine, will eventually be a thing of the past, as these tubercular glandular lesions cannot be reached by the influence of remedial agencies, but must be dealt with surgically by careful dissection and extirpation of all of the diseased glands and the tunic.

CASE 9.—Dr. W. L. Werner, of Thomas, West Va., presented a Mrs. H. aged 40, the mother of a family, and who, since the birth of the last child some five years ago, had suffered greatly from pelvic peritonitis, and pressure from tumor growths in either iliac space, and for the last eighteen months in addition, there was intermittent hemorrhage from the uterus that nearly exsanguinated the patient. She had regained strength enough to venture on the trip from West Va., accompanied by her physician, but on arriving at Parkersburg, while en route, a severe uterine hemorrhage took place and continued until her arrival at the hospital, where she appeared more dead than alive.

After some days' preparation, the usual abdominal incision was made, when we found adhesions of the omentum to the abdominal parietal wall, and the inferior border of the omentum with intestinal adhesions completely shut off the pelvic from the abdominal viscera. The left tube was enlarged to about the size of a double fist, and adherent to all the tissues that it touched. A trochar was plunged into the cyst, and about a pint of very dark greenish fluid removed, after which the primitive wound in the wall of the cyst was securely closed, and the diseased tube and ovary dissected out from their environments. The right ovary and tube were badly diseased, producing a tubo-ovarian abscess, in which the vermiciform appendix had become matted by exudates requiring its excision before we could remove the

right ovary and tube. The omentum was then flayed from the abdominal parietal wall, the adhesions extending above the umbilicus and laterally to the wound.

The abdominal incision was closed after the usual manner with the exception that iodoform gauze was packed in either traumatic space for drainage and allowed to remain with the long ends hanging out of the lower angle of the abdominal incision, and the amount of fluid drained in the 48 hours would exceed a pint and a half. The patient made an uninterrupted recovery without any bad symptoms following the first 36 hours.

CASE 10.—Dr. H. S. Yost, of Amos, West Va., referred to the clinic a Mrs. M. 35 years of age, with a history of intermittent uterine hemorrhage. On examination, the uterine cervix gave evidence of the destructive condition of carcinoma. It was therefore deemed best to do a complete vaginal hysterectomy, making the cervico vaginal dissection sufficiently remote from the carcinomatous tissue to insure the complete removal of the malignant lesion. Prior to its dissection, I used the actual cautery to destroy and sear the diseased tissue for the purpose of more completely rendering the field aseptic, and also to prevent contamination of the traumatic surfaces by the carcinoma.

Following the removal of the uterus, ovaries and tubes, the space was carefully packed with iodoform gauze, which was allowed to remain in situ for 48 hours, when it was gradually withdrawn each day, and on the fourth day, entirely removed. The recto-vaginal and the vesico-vaginal walls coalesced, and on examination of the case on the ninth day, it was almost impossible to find any trace of a traumatic condition, showing where the hysterectomy had been performed.

In a majority of these cases I believe that if taken at the proper time, and a complete hysterectomy performed, we can be almost certain of a perfect recovery; while if the diseased condition is allowed to progress, and the physician carelessly allows the patient to report for medicine without an examination, or the patient persistently refuses to submit to an examination, until the carcinoma has destroyed much of the uterine cervix and infiltrated into the surrounding tissue, then it is that these cases become a difficult problem to solve, and are much complicated in their removal, and a recurrence in a year or 18 months may certainly be expected.

PERISCOPE.

PREGNANCY, PARTURITION, AND ABORTION.

At a recent meeting of the Berlin Society fur Innere Medizin, Hr. Kaminer (*Medical Press*, June 26, 1901) read a paper under the above title.

After enumerating all the recognized as well as also the disputed indications for the induction of abortion, he went on to speak of tuberculosis. It is recognized that tuberculosis gets worse during pregnancy, and Gerhardt, in view of the great loss to the phthisical patient from the advent of a pregnancy, has held its interruption to be justifiable. Maraghano was equally enthusiastic; he desired the interruption of the pregnancy in all phthisical women, and, according to him, one should not wait until danger actually threatened. Patients, after the emptying of the uterus, quickly improve if the disease has not advanced too far. Kaminer does not like Maraghano's expression, "clinical improvement." Improvement is determined by increased weight and the other usual symptoms, but cure can only be considered when there are no more rales in the chest, not even on repeated examination, and this is the only criterion of recovery. The tubercle bacilli are not always evacuated, and their liability remains, according to Cornet, from two to three years.

Kaminer has collected fifty cases of pregnancy in tuberculous women. In thirty-three of them the condition became worse in consequence, and in eight only was the pregnancy without influence on the disease; in nine of the cases no certain judgment could be formed. The nausea and loss of appetite made the condition worse, and the vomiting tended to facilitate hemoptysis. Then there was the forcing upward of the diaphragm, the retraction of the lungs, the breathing; these had a disturbing influence on the pulmonary circulation and the heart. The subjective and objective symptoms were most marked in the early months of the pregnancy; later on the system accommodated itself to the change. Then parturition came on with its sudden changes in the respiration and blood circulation, which for the tuberculous woman were pregnant with danger.

Of twenty-three tuberculous women observed by the speaker, fourteen died in connection with their lying in, seven of them during the first days of puerperium, or sixty-one per cent. The body, weakened by the disease and by the pregnancy, was unable to undergo the fatigue of parturition. He has also observed metastatic tuberculosis in three cases as a result of parturition. We are bound, he said, to seek a remedy for these dangers, which threaten mostly the poorer class of women, and the remedy we have at hand is the artificial induction of abortion, but we ought to be guided by the interests of the mother alone, and not by any other views. He has considered only artificial induction of abortion for three reasons: (1)

The influence of pregnancy is the feature in the early months ; (2) the procedure is not so formidable as induction of premature labor ; and (3) the shorter time the pregnancy lasts the less is its harmful influence. In all his cases he has not had a failure. His list consists of fifteen cases, and two of spontaneous abortion. One woman died fourteen, and another six, months after the operation. These belonged to a group of five in whom the disease progressed. In the remaining ten the disease had not progressed, the women remained tolerably well, and they were able to work. Recovery did not take place, and it could not be expected, but the arrest of the progress of the disease was a great thing. The induction should be well weighed in any case, even if one is not justified in practicing it at all. Only such cases are suitable for induction of abortion as promise some lasting improvement from it, particularly those cases in which a determination is evident to the senses, and those in whom the first symptoms of the disease show themselves after the commencement of the pregnancy. In the case of multiparae the condition during previous pregnancies must be taken into account.

It must be made known that under all circumstances it is a misfortune for a phthisical woman to become pregnant ; it is the duty of the physician, therefore, to draw the attention of any phthisical woman becoming so to the threatening dangers.

F. Schenk (*Munch. Med. Woch.*, May 28, 1901) reports the case of a woman thirty-eight years old, who had borne nine children within twelve years, on whom an operation for a laceration from the last childbirth was begun without chloroform. The uterus was first washed out with a bichloride solution. Then a sound was introduced nearly eight inches without meeting the least resistance. Further sounding gave the same result. Patient became pale, perspiration standing out on the face, and she complained of feeling sick. Chloroform was at once administered, and the peritoneal cavity opened, when three perforations were found. The uterine wall was so soft and friable that it was very difficult to stitch up the openings ; otherwise the uterus seemed normal. The cause of the friability of muscle is not clear, there being no atrophy, anemia, or tuberculosis which underlie these cases. The short time between births (9 in 12 years) might account for the abnormal condition of the uterine wall.

Adrenalin and Adrenalin Chloride.

Dr. E. F. Ingalls, at a recent meeting of the Chicago Laryngological society, reported that he had been using Adrenalin in its pure form, and solutions of Adrenalin prepared by dissolving the active principle in water, with very satisfactory results in the treatment of acute congestive diseases of the nose and throat, and as an aid in the performance of bloodless operations in the nose. He believes that the pure Adrenalin triturated with sugar of milk, in the strength of

1-5,000 or 1-2,500, will prove an effective powder used as snuff in the treatment of various inflammatory conditions of the nose, but particularly to relieve hay fever sufferers. He also believes that the Adrenalin solutions in strength of 1-5,000 and 1-1,000 will prove serviceable for the same purpose, but that they must be sprayed into the nose and throat without much force. In acute rhinitis, acute laryngitis, edema of the glottis, and several other forms of acute inflammation of the nose and throat, the solutions work beautifully, reducing the congestion in a very few seconds and maintaining this effect for two or three hours. The repetition of the treatment at three or four hours interval in several instances tended to entirely control the inflammation. In intra-nasal operations these solutions will enable the operator to remove polypi, spurs and enlarged turbinals with but an insignificant amount of hemorrhage. Dr. Ingalls believes that in epistaxis from various causes, an Adrenalin solution used several times a day will undoubtedly be productive of great benefit, and in many cases it will effect a cure. He also thinks it quite probable that when applied to acutely congested cords in vocalists it will reduce the swelling and congestion so thoroughly that the voice may be used for two or three hours with comparative ease, and possibly with normal efficiency.

(Dr. Ingall's experience with Adrenalin solutions is very similar to our own, and we can unhesitatingly recommend a 1-1,000 Adrenalin solution as a thoroughly efficient vaso-constrictor, and one of our most reliable astringents and hemostatics. In reducing congestions of mucous surfaces, and in the performance of bloodless operations upon mucous surfaces, Adrenalin is sure to establish itself as a valuable resource of the ophthalmologist and laryngologist.)—*Ft. Wayne Med. Jour.*

The Evils of Eating Alone.

The London *Lancet* has called attention to the serious physical disadvantages of eating alone. The deductions from this article are so logical, and the great physical advantages of taking three square meals a day, and accompanied by wholesome conversation, with congenial surroundings, made so apparent that they should be given a wide circulation.

The increasing number of young men of a marriageable age eat the great part of their meals alone, and it is easy to believe that most of them will concede the general loneliness of this process. The man who secures his meals at a restaurant is not usually held up to be the subject of envy, and, when it is demonstrated conclusively by high medical authority that the results from the health standpoint are exceedingly unfortunate, it produces a very strong argument in favor of mitigating this unfavorable condition of life as soon as possible by the most practical means possible, to-wit: matrimony.

This is a theory which does not require medical education to comprehend it to its utmost. The lay journals should pass these suggestions around freely. That single blessedness is a humbug is recognized by all those who have been promoted from that stage into the higher station of matrimony. The principal solace of the bachelor is usually the gratification of his palate. When it is proved to him that his source of pleasure is likely to be taken from him, he will recognize the handwriting on the wall and do his duty.—*Clinical Reporter*.

Puerperal Insanity.

In the course of a general discussion of this subject, G. H. Savage calls attention to the fact that now and then a woman will break down after the birth of, say, boys only, or after the birth of girls only, and extraordinary or insane longings have been met with, which have been associated with pregnancy with one sex and not with the other. Another important thing to remember is that the general prognosis of nervous cases is bad when the physical health improves without a corresponding restoration of the mental functions; that is to say, when the mental and physical gains do not coincide. A certain proportion of these cases of puerperal insanity are never the same again; that is to say, they are mentally crippled. It is well to remember that a certain number of these patients are crippled so long as they are in the hospital, and when sent out they get all right again. Sometimes it requires this course, the restoration to home, to shake up, so to say, the machinery, to set the works going normally, and therefore it is frequently recommended that patients who are not quite well should be removed from the asylum, because they have been in it long enough.—*Med. Press and Circular*.

A Case of Post-Anesthetic Catalepsy.

A. B., aged 16 months, well nourished, but with a slight tendency towards rickets, was anesthetised with EtCl_3 for the purpose of circumcision.

The anesthetic was well taken, the color and pulse kept good throughout, the cervical reflex was slightly active, and the pupils small and active during the whole operation; removal of the foreskin caused slight glottic spasm. The time of administration was about fifteen minutes.

About three or four minutes after the anesthetic was withdrawn, the child, who was lying on his back, was noticed in the following position: Back arched into ankyphotic curve, so that the buttocks were raised off the table, thighs flexed on abdomen, legs flexed at knee joint, in fact, the position into which it had been raised for washing the buttocks.

It was then found that any of the limbs retained whatever position they were placed in, except that if the thighs were flexed on the ab-

domen, the legs always came down into a position of flexion at the knee, and could not be kept extended. The condition was not equal in all the limbs, but was best marked in the right leg, and at first the left, and later the right arm ; the limbs in which it was less marked would fall an inch or two, in the direction gravity pulled, from the position they were placed in.

The condition lasted for about fifteen minutes, until the child began to cry, when normal movement returned. During this time the pulse was slow, of high tension, the color good, eye reflexes active, and the respiration of the catchy, half-sobbing character often seen in children recovering from anaesthesia.

Hewitt mentions the occurrence of catalepsy after nitrous oxide.—*Dr. Cosh, in Australasian Medical Gazette.*

PULSATILLA.

The therapeutic value of pulsatilla should not be overlooked in our search for remedies. It is among our oldest, most reliable remedies ; is peculiarly adapted to ailments of the female sex ; and persons of a quiet disposition, inclined to sadness and melancholy ; of lymphatic temperament.

Females, as a rule, are more favorably acted upon by pulsatilla than males.

Pulsatilla is the remedy for deep seated pains, as is often felt in the vertex and forehead, especially when caused by gastric derangement from overeating pork, fats, or rich, heavy, indigestible food, which may cause nausea and vomiting of bile, sour eructations ; with a feeling of pressure in the region of the stomach, with crampy, contractive sensations.

Pulsatilla for rheumatism in the muscles of the extremities, with pains of a tearing, drawing or jerking sensation ; worse at night or while in bed. In rheumatism of knee joint with much inflammation and swelling, very painful to the touch, with much fever, it may be advisable to alternate pulsatilla with aconite. The long bones are favorably acted upon by pulsatilla when the pains are tearing or tensive, feels as if the parts had been bruised or sprained.

In ophthalmia, when the eye has a dimness of sight, and seems as if something were hanging over the cornea that could be wiped off ; itching, with pale colored inflammation, sensitive to light ; give pulsatilla. It will give a good account in its action.

Otitis, or inflammation of the ear, with acute lancinating pains in the ear, very sensitive to noise, with discharge of pus and blood, swelling and inflammatory redness, agonizing distress in the head, give pulsatilla with passiflora incarnata.

Pulsatilla is indicated in all cases of irritation of the nervous system, associated with wrongs of the reproductive organs of both men and women.

Pulsatilla is indicated in all reflex conditions emanating from womb complaints ; as pain on top of the head ; the patient becomes deepondent and nervous. In hysteria, when the patient is a mild lymphatic temperament, easily excited to laughter, or weeping, especially when the attack depends upon suppressed menstruation, leucorrhœa or dysmenorrhœa, I have found pulsatilla among our best remedies for these diseases.

Pulsatilla acts upon the skin ; it shows its good effect upon skin diseases, especially in measles, which are usually preceded by catarhal symptoms, such as watery discharges from the eyes and nose ; short dry cough, accompanied by hoarseness and difficulty of breathing ; tightness across the chest. When catarrhal symptoms predominate and the eruption is tardy in coming out, give pulsatilla. If the skin is dry and hot, much heat in the head, giddiness, eyes very red and dreads the light, great weakness prevails, alternate pulsatilla with aconite. In erysipelas, when it is wandering or shifting from place to place, to reappear in another, the skin is of a blueish red ; also when the attack follows some particular article of food ; when persons are predisposed to the complaint, will find pulsatilla among our best remedies.

I have endeavored to give a few of the diseases in which the action of pulsatilla can be relied upon as a therapeutic remedy in their treatment.—J. LOOMIS, M. D. *in Med. Counselor.*

SETON HOSPITAL.

The Eclectic Medical College hospital is a place of rare beauties. It was the former home of Mr. Levi, and the furnishings are unique for a hospital.

One of the least known hospitals in Cincinnati is the Seton Hospital, which has been opened by the Sisters of Charity within the last year at the old Levi residence at 640 West Eighth street. It is a recent and little known fact that the Seton Hospital is now the Eclectic Medical College hospital, that college supplying the medical care.

Some three years ago the handsome Levi residence was purchased by the Sisters of the St. Joseph order. The building is a beautiful one ; every hallway has a floor of tiled and mosaic design, and the floors of every room are of polished hard wood. No expense was spared to make the house a thing of beauty by the wealthy former owner. The woodwork in each room is of a different rare wood. In the former parlor of the house, which is now used as a chapel, the mantelpiece is of hand-carved Cuban mahogany, and was imported. Quaint figures of mighty giants stand out in the carving, and there is probably no other mantel like it in this city. In the room formerly the dining room, a massive carved sideboard is made in the wall of the house. This room is now the office. In what was the library is a great walnut mantel-piece, hand carved also. Two windows of the

room bear in colored glass natural tinted portraits, one of Shakespeare and the other of Byron. Bookcases are made in the walls of this room. The ceilings of every room are frescoed with different exquisite patterns and with beautiful coloring. The ceiling of the great drawing room is said to have cost alone \$500. A magnificent staircase of carved oak is in itself a work of art. Even the shrubbery in the large back yard was imported, and formerly two mahogany trees flourished there, but the rigors of this climate killed them. When this handsome home was first bought by the Sisters it was thought that a ladies' home would be opened, but there were not enough rooms, and during the last year the handsome home has been transformed into a beautiful hospital, taking its name from Mother Seton, who was the founder of the Sisters of Charity in America.

The Seton Hospital became the Eclectic Medical College Hospital. An operating amphitheater seating about 150 students has been added to the original mansion, and several wards have also been added. To this hospital the Eclectic Medical College brings its cases for surgical operations. Wednesdays and Saturdays are the clinic days, and on these days two of the graduating class in turn assist in the operations. At the beginning of the school year at the College four students who obtained the highest average in the previous Junior examination are elected to be visiting internes at the hospital for two months each during the ensuing year.—*Cincinnati Times-Star.*

ERGOT AFTER LABOR.

Ten years ago nearly every physician administered ergot after cases of labor. At the present time a change has taken place relative to its use. There are still some physicians who always use ergot, some who use it under certain conditions, and a few who never use it. Even at the present time the effects of this drug are not perfectly understood; especially is this noticeable in its action on the nervous system. We do know its action on the circulatory and muscular system; that it produces powerful contractions of the uterus and diminishes the blood supply by its constringing action upon the blood vessels, and hence its indications for use before labor is condemned, except in two well-defined instances, mentioned in the article on ergot before the birth of child. After labor the advocates of its use administer this drug for its action on the unstriped muscular fibres and its constricting influence on the blood-vessels as a means of promoting rapid involution of the uterus. Its effect we know now to a certainty is not constant. A heavy, large, subinvolved uterus of some weeks' standing may be stimulated to contraction by the constant use of ergot, but even here the effects are not constant and the results are far from satisfactory.

Many advocates of the use of ergot claim that it limits the danger to post partum hemorrhage, diminishes the force of after-pains, and

lessens the tendency to accumulations of putrid material in the uterus, and hence is one of the great factors in the prevention of puerperal infection. Were this so ergot would indeed be an indispensable drug. Personally I have used ergot about five times in the last one hundred cases, and I have nearly discarded it because it is disagreeable to taste, frequently causes nausea and sometimes vomiting, and we cannot rely on its action. Putrid material in the uterus after labor generally means that infection took place at the time of delivery, and all the ergot at our command would not do as much good to the patient as a thorough washing out of the uterine cavity under proper antiseptic precautions. In a normal labor why use ergot when the viability of the woman is good and the fundus of the uterus can be felt as a hard, firm ball above the symphyses? If the uterus is lax, the woman thoroughly exhausted after a long, tedious, badly conducted labor, as so frequently happens with midwives and the few practitioners who always wait just another hour, then the drug may be administered. It may be used with some benefit after operative obstetrical cases, but in my opinion the value of this drug has not stood the test of the many claims of its adherents.—*Cincinnati Lancet Clinic.*

Moschus in Impotency.

In the November issue of the Medical Visitor I became very much interested in the article by Dr. Campbell, of Los Angeles, Cal., on Conium Maculatum. The doctor's statement regarding the action of conium in toning up the sexual system is true in very many instances.

However, I get the same results from the use of moschus in these cases, and from an experience of thirty years have been led to its use almost empirically. One beauty about it lies in the promptness of the result secured. In those cases where the desire is practically gone, from one to three doses a day will, in a short course of treatment, bring the desired effect.

I trust the readers of your excellent journal will try this remedy in those cases of premature senility and report result, because in this way we are able to learn the exact limit of our *materia medica*.—Dr. FAERMEYER, in *Medical Visitor*.

Cigarette Smoking.

Much of the mischief from cigarette smoking arises from this fact, the cigarette being persistently held in the mouth until burning of the lips is threatened. If the smoke from the burning tip of a cigarette be purposely inhaled for a time a sense of stupor sets in, while the smoke drawn through the cigarette may be breathed in the same way with comparative impunity. The same result is obtained with the cigar, but in a still more emphatic way. The use of the cigarette or cigar holder is, therefore, calculated to obviate two sources of mischief

—the inhalation of the powerful pungent smoke from the lighted end and the introduction of tobacco juice and oils into the mouth. A long and cleanly kept pipe filled with mild tobacco preserves the smoker against both contingencies.

When, however, the cigarette is rationally smoked, and not to excess, it is probably the mildest form of smoking, and this fact, coupled with its convenience and cheapness, is a sufficient reason for its immense popularity. And it is interesting to note that the tobacco war arose, not on account of the pipe or the cigar, but because of the cigarette.—*The London Lancet.*

Rhus Glabra in Enuresis.

Dr. J. J. Cassidy states that the internal use of rhus glabra will prevent incontinence of urine. Its action resembles that of tannic acid. He reports the cases of three lads treated from February 23 to June 24, 1900, their ages ranging from twelve to fourteen years. The prescriptions used were as follows:—

R. Ferri citratis, gr. clx; syr. calcii lactophosphat, syr. cascara aromatic, aa, 3 ij. M. Sig. A teaspoonful after dinner (noon).

R. Fld. ext. rhus glabra, m cccxx; Syrup, q. s. ad 3 ij. M. Sig. A teaspoonful at bedtime.

The cure probably resulted from the continued action of the vegetable astringent on the vesical mucosa, and particularly the fibers of the sphincter vesicæ. These medicines proved successful in three relapsing cases of enuresis, and two of the patients are known to have remained cured. The third did not return for examination.—*Canadian Jour. Med. and Surg.*

The ability of the blind to successfully perform massage has been clearly demonstrated in Japan, where they are employed exclusively for this work. Their wonderful delicacy of touch has enabled them, says an exchange, to acquire a high degree of proficiency, and therefore when massage was introduced into Russia, their employment also became general in that country. At the institute for the blind in St. Petersburg, a considerable number of the students are carefully instructed in the best methods of performing massage, and also in the main points of physiology and anatomy. Their introduction into other European countries has thus far not been attended with success, although Germany is now making arrangements tending to their permanent employment.

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ARTERIO-SCLEROSIS.

Arterio-sclerosis is a circumscribed or diffuse thickening of the walls of the arteries, especially of the intima, consecutive to changes in the media. When the capillaries are involved the condition is one of arterio-capillary sclerosis, while angio sclerosis indicates implication of the walls of arteries, capillaries, and veins. Arterio-sclerosis occurs either in the circumscribed or diffuse form. In the circumscribed variety limited areas of translucent or jelly-like appearance are formed in the walls of the vessels; later the nodules become firmer and finally cartilaginous or calcified. Deposition of fibrin sometimes occurs on these concretions. At times, however, the gelatinous plates do not calcify, but break down into granular atheromatous ulcers. Various forms of degeneration may simultaneously appear in the walls of the same vessels. Although apparently beginning on the intima, the entire vessel wall is implicated in sclerosis. There is infiltration of the intima, fatty or calcareous changes in the media and proliferation of connective fibers in the adventitia.

Diffuse arterio sclerosis attacks both large and small arteries; this form of degeneration is frequent after middle age and in the negro race. The pathological changes are similar in extent and character to the circumscribed form; the morbid process begins in the media, and the intima proliferates as a compensatory process. The changes in the media are caused to some extent by alterations in the vaso-vasorum due to abnormal blood composition or pressure.

The causes of arterio sclerosis are various, and in any particular case may consist of several elements. The chief causes are abnormal conditions in the composition of the blood and abnormal blood pressure. Those engaged in occupations that require severe muscular efforts are subjects of arterio-sclerosis, while errors in blood composition due to syphilis, gout, rheumatism, Bright's disease, alcoholism, plumbism, and other conditions of a like nature, induce arterio-sclerosis, either by attacking the walls through the vaso-vasorum, or by increasing blood pressure and distensive force. Acute infectious diseases, by poisoning the blood, sometimes set up an irritation which results in arterio-sclerosis. Extensive burns, by interfering with the

excretion of effete material through the skin, have caused its retention and arterio-sclerosis has resulted. Arterio-sclerosis usually attacks the larger arteries, but the smaller ramifications participate in the degenerative process.

The results of arterio-sclerosis depend upon the size and location of the affected vessels, but are always degenerative in character, and are such as naturally arise from deficient nutrition. In the brain, arterio-sclerosis will result in a lack of mental vigor, an inability to perform former easily acting functions; the memory, will, ideation, reason and judgment are below par, and while insanity is not usual, there is a mild and pathetic mental deterioration evident to the friends of the patient and realized in a vague sort of a way by the patient himself. Later there are other and graver manifestations which mercifully result in fatal lesions before absolute imbecility comes on.

Arterio-sclerosis subjects the patient to a number of abnormal liabilities. The morbid condition arising in the vessels as a result of the sclerosis are of a serious nature, and the nutrition of the parts supplied by the vessels always suffers. Aneurisms, sacculated or dissecting, are prone to occur, and rupture of the vessel walls may lead to fatal hemorrhage. When complete sclerosis of the artery occurs, gangrene of the part supplied sets in. Rigidity of the vessel walls results in left cardiac hypertrophy, and in consequence of an interference with the circulation, anasarca may occur.

This is an affection of post-adult life, usually coming after the 50th year, although it may appear sooner, for some individuals are, from disease or dissipation, aged at 30. "A man is as old as his arteries." Arterio-sclerosis of the coronary arteries results in fatty degeneration of the heart or chronic interstitial myocarditis. In these arteries there may be a uniform thickening throughout, or the sclerosis may be at the orifice of the main division. The normal muscular tissue is under-nourished, and replaced by fibrous or fatty tissue. The process is more marked in the apex of the left ventricle and in the septum ventriculorum.

L. W.

SILICA.

This is a very prominent remedy in the homeopathic *materia medica*. It is a trituration of pure precipitated silica, and is used by them in varying strength. It is said by some to be most potent when the triturations above the twelfth are used. Appreciable doses certainly could not prove harmful or destructive to life or health. Silica was first proven by Hahnemann, and has been a popular remedy ever since. Its action is not rapid, and its administration should be continued for weeks and months.

Much of the reputation of silica has been gained by its positive action in certain cases of malassimilation in children, or rather in non-assimilation. The child is small for its age, or ill developed; it is not fat and torpid, but it is over sensitive, and its muscles are wasted,

its eyes hollow, its face small or pinched, its belly is big, either from a diseased mesentery or from over distension due to inhibition of too much food. In an effort to satisfy the demands of nutrition it ingests an over abundance of food, that does it no material good. As a consequence the belly is proportionately much larger than it should be; the child is weak and small: its physical growth seems stunted. It cries much; occasionally the cry is sharp and shrill, much like the rhus tox. cry; its head sweats profusely; the bowels are either constipated or persistently loose. When the former condition is present, the trouble to a great degree seems to be dependent upon a laxness and weakness of the muscular part of the lower bowel, or of an inability to contract the abdominal muscles sufficiently to expel the stool which may appear at the outlet, and repeatedly slip back because it is not forced completely through the sphincter. The stool of the silica case may be of almost any color, or of any consistency.

Next to the use of silica as a remedy in these poorly nourished, ill-developed, non assimilating children, the homeopaths recommend it as a remedy for suppurative inflammations—not so much for its anti-pus-forming action, as for its effects after an abscess has been opened or drained. It matters little or not at all, whether the trouble be in the bones or the soft parts, in the glandular or cellular tissues, in the tendons or in the ligaments. In the patient to whom silica is given, the skin is fine and blue or very pale; the muscles are soft and lax; he is mentally weak or nervous, irritable or faint-hearted; he has lost his "grit and grip." The cerebro spinal nervous system cries out through an occipital pain, or a headache beginning in the heavy, sub-occipital muscles in the upper neck, and extending forward to the back part of the orbits.

Because of this post-suppurative action of silica, it is a great homeopathic boil or furuncle remedy, and it also comes into play frequently in rickets, in coxitis, and in spinal caries. In the slow-going carbuncle it favors suppuration and promotes healthy growth. Silica is highly praised as a remedy in suppurative middle-ear troubles. In tympanic caries or necrosis, when the discharge is thin, watery, ichorous, foul, offensive, *not laudable*, the drum perforated, and shooting, darting pains or loud, snapping, or cracking, or explosive sounds in the ear, silica is the remedy according to the best homeopathic writers. It is commended also in chronic mastitis, when suppuration threatens or is present. It assists in the dispersion of inflammatory lumps in the breast, and in removing the callosities that so frequently surround the edges of openings in the gland.

Silica stimulates indolent tubercular processes, either in the pre-suppurative stage or later when the tissues have broken down and the abscesses refuse to heal. These cases are of frequent occurrence, in both adult and child. The picture is plain—there is low vitality, evidenced by diminished temperature, night sweats, rachitis—or there may be hectic or suppurative fever, purulent discharges, persistent

dry cough. We see it highly praised as a remedy in so-called stone-cutters' consumption, when night sweats are profuse and devastating, the perspiration offensive, the skin is pale and warty, and the cough is violent and depressing, and explosive, much like the eclectic *droséra* cough.

Silica is also highly praised as a remedy in tooth and mouth troubles, as abscesses and dental fistulae, and especially when the pain is aggravated by warm food, or by cold air, or worse at night. This drug is said to have an efficient action in the relief of certain cases of epilepsy; the patient is scrofulous or rickety, and is pale, and feels cold before the attack and rather warmly perspires after. The aura seems to start in the solar plexus.

Silica is with some a favorite headache remedy. By this time you should be able to select the case: the face is pale (though later it may become flushed), the body is chilly or cold, there is complaint that the head is cold, hence it is frequently tied up quite snugly. The severer pain may be either in the right supra-orbital region, or in the back of the head, and is diminished by warmth, and increased by noise, motion, or jarring. There is tenderness of the scalp, and as in gelsemium and ignatia cases, the pain is quickly relieved by copious urination.

In some of our inveterate nerve troubles silica is a pronounced boon. In neurasthenia or nerve exhaustion, when the patient prefers rest and quiet or inaction to action—when, like the old cart-horse, he moves easier and better after being "warmed up," try silica. There may be hyperesthesia or anesthesia, or numbness of the surface or extremities—there is debility, usually constipation, and a tendency to collapse after exertion or excitement. In locomotor ataxia there is a place in which silica fits nicely. In this disease there is, from nerve disturbances, at first over-nutrition—or an over-growth of neuroglia, later comes contraction and destruction of cells. With these we have the fulgurating pains, inco ordination of muscles, weakened lower extremities. In the silica case there is great nervous debility and mental irritability, and a tendency to destruction of tissues in the lower extremities by ulceration. To these add the symptoms of the silica cases above mentioned, and then give this drug; give it for a long time—months and months.

Silica meets the prominent symptoms in the case of hydrocephalus. There is cold hands and feet, sweaty surface, sour eructations due to bad digestion, starting in sleep, etc. In the so-called scrofulous diathesis, think of silica, whether it be only the stage of glandular swellings, or in the stage of suppuration. (If scrofulosis and tuberculosis be synonymous, this should have been said under that topic.) On the minus side of the equation we write—nutrition, assimilation, vitality; on the plus side, we write—sweating head and offensive perspiration of feet, tendency to boils, etc., tendency to molecular or general death. These same symptoms and descriptions apply to the

treatment of diseases of the skin, scalp, hair, and nails by silica. It is an excellent remedy for that rather common disease—onychia.

The homeopaths use silica with satisfaction in some cases of rheumatic troubles. Debility is the leading symptom and the case is hereditary, and usually in a person who has been badly born, when vitality is considered. The pain in the case is said to be worse at night, made worse by cold, and to a degree relieved by heat.

Stylish hay-fever is usually a disease found in physically below-par individuals, and there are many silica cases among them. Add to the symptoms as above, itching and tingling of the nasal mucous surfaces, and burning in and about the Eustachian tube.

We note that silica is highly praised as a remedy in some cases of glaucoma, and in those troublesome things, corneal ulcers and lachymal inflammations, and as a remedy for hordeolum or stye, and as an anticonstipation remedy in those suffering from diseases of the spinal cord, or column.

Dr. Jacob Ferris, of College Hill, O., a close observer of drug action, once recommended silica to me as a remedy for those small cysts that so frequently come upon the back of the hands, when it is not desired to correct them or to incise them in a surgical way. We see that silica is recommended as a remedy to abate the pain of cancer. We hope it will do it. To us, two common guide boards to the use of silica seem to be, low vitality, offensive perspiration. Study silica.

W. E. B.

SINGLE OR COMBINATIONS OF REMEDIES.

If we carefully examine diseased conditions, I am satisfied that we will find some basic lesion that underlies the entire combination of pathological wrongs, and if we are able to correct this, the others give way. We believe that certain remedies have an affinity for certain diseased conditions, and that a greater certainty will follow the use of a single remedy than a combination of remedies, even though each agent has an affinity for the wrongs in question. For example, gelsemium gives relief when there is cerebro-spinal irritation, as shown by the flushed face, bright eyes and contracted pupils. Rhus tox also relieves cerebro-spinal irritation, as shown by the sharp stroke of the pulse, the pointed tongue with elevated papillæ, and the sharp cry, with starting in the sleep. Aconite has a group of symptoms not unlike the two just mentioned, and in cerebritis or meningitis, with small quick pulse, it is one of our best remedies.

Each of these agents acts as a sedative, not only to the heart but to the nervous system. The tendency among practitioners is to combine the three, hoping in the combination some one will prove beneficial, or that the reaction attending the three will prove curative. Again, bryonia, macrotys, apocynum, phytolacca, rhamnus californica have been curative in rheumatism, hence, three or four of these are combined into one prescription in the hope that their efficacy will be increased.

Prof. Lloyd once told me that no one could tell what his patient was getting when several of the specific medicines were used in the same glass. No one could tell what the reaction would be. I do not mean to say that it will always be negative, or that it will not be beneficial in some cases, but I am persuaded to say that the results will be more positive with the single remedy, or at the most two remedies combined. Thus aconite may be used with gelsemium, rhus, bryonia and other remedies of like character, but to combine three, four or five remedies is certainly unscientific and unreliable medication.

If our patient has the flushed face, bright eyes, contracted pupils, and is restless, gelsemium will prove curative without the aid of rhus. If the pulse be sharp and hard, the tongue pointed with elevated papillæ, and the patient starts in his sleep, rhus does not need the aid of gelsemium. If our patient has a hard, vibratile pulse, with sharp lancinating pain, bryonia does not need the assistance of apocynum. If there is muscular soreness, macrotys relieves without the addition of phytolacca. Where pain is severe, the secretions arrested, and the patient is constipated, rhamnus will give good results without help from the other anti thumata. Where we are in doubt as to the best remedy, the indications being rather vague, or being so similar that we are not sure of our selection, we had better alternate the remedies rather than combine them.

R. L. T.

TONSILLITIS AND RHEUMATISM.

In spite of the fact that many assert that there is no connection between tonsillitis and acute inflammatory rheumatism, we believe there is sufficient ground for us to warn our tonsillitis patients that there may follow an attack of rheumatism. This we believe is particularly true of follicular tonsillitis, and especially if the patient has had one or more previous rheumatic attacks. We believe such a warning to be just to the patient, that he may not unnecessarily expose himself after an apparent quick recovery from the throat affection. Again, it saves the physician from criticism for having neglected to forearm his patient, and it gives the latter more respect for the medical acumen of his adviser.

We not only feel that the physician should advise concerning the possible rheumatic invasion, but that he should warn the family of the probable contagiousness of the throat affection. We say *probable*, because we are aware that it is not now regarded as a contagious affection, but we believe the time is fast approaching when the contagiousness—perhaps mild as compared with other contagious diseases—will be universally recognized in all acute inflammations of the throat and of the acute catarrhal affections.

The possible attack of rheumatism as a sequel should be recognized by the practitioner for the better treatment of his case. May it not be due to the rheumatic tendency that ammoniated tincture of guaiac

in selected cases owes its efficiency! We are well aware too that macrotys will often be the leading remedy, and will be pointed out by common and well known eclectic indications for that drug. We have gotten in the habit of using sodium salicylate in the majority of tonsillitis cases where we find no contra-indications for the drug. In these cases we have not waited for specific indications to develop. We find that it renders many cases mild, and if rheumatism follows it is more easily managed. Is it not a little strange, too, that the leading remedies, barring perhaps belladonna and potassium chlorate, are the more successful of the scores of drugs that have been used in the treatment of acute inflammatory rheumatism: namely, aconite, phytolacca, gelsemium, bryonia, apis, rhus, guaiac, sodium salicylate, and veratrum.

H. W. F.

SURGICAL ITEMS.

A strong diagnostic symptom of gall stones is manifest by a rigid right rectus abdominis with tenderness one inch above and to the right of the umbilicus. This is as suggestive of gall stone trouble, as is the tender spot two inches to the right of the umbilicus and below it over the head of the colon of the tender spot in appendicitis.

When gonorrhreal virus enters the fallopian tube, the advance agents notify the fimbriated extremity and the ostium abdominale is immediately closed and sealed by inflammatory adhesions. A stricture generally follows the proximal end of the tube, and then retained pus and secretions produce the regular sausage shaped pus tube, so characteristic of gonorrhreal infection.

The very best first preparation for a crushed hand or foot from greasy machinery, is to use a bath of benzine or gasoline. Often times the fingers and hand will be crushed by greasy machinery, and the best way to remove the filth is to take a wash basin with a quart of benzine, and an ordinary scrubbing brush, and, dipping the hand and brush down into the benzine, thoroughly scrub the parts, the same as with soap suds and water.

A diagnostic point in extra-uterine pregnancy, where there is a rupture of the tube, and free hemorrhage into the pelvic cavity, is fairly well confirmed by placing the patient in the dorsal decubitus position, and percussing over both iliac regions, which will manifest dullness; then by turning the patient partially on the side, and allowing the blood to treak in a level in this new position, there will be resonance in the upper former dull space, and dullness underneath the space filled with blood. To be sure, the pallid appearance of the patient, and the small hemorrhagic pulse helps to complete the picture.

Phototherapy as practiced by Fincen, of Copenhagen, in cases of lupus and epithelioma, and some skin affections, consists in the use of concentrated rays of light which produce a burning of the skin tissue—solar erythema. I am not quite sure but the burning of the X-ray, or to go a step further and say that the sun's rays reflected by a concave mirror upon the diseased tissue, may all have equal beneficial results.

From quite a large experience with this method of dealing with injured hands and feet, I find that there is very little pain experienced with the gasoline or benzine bath. The parts are afterwards rewashed with soap suds water, and then with sterile water, and are then prepared for any surgical procedure that may become necessary. This little precaution taken at the beginning of an operation, may save days of pain and anxiety before the patient has made a recovery.

Forcible straightening of a hump-back is to be commended where the distorted spine has not been of too long standing, and the deformity with its curve so great as to cause a fracture and impingement of the osseous material upon the spinal cord, producing paralysis. A majority of the distorted spine, if taken in time, can be corrected and the patient placed in a plaster paris cast, and make quite a good recovery. It is well in putting the patient in the cast, to suspend him by the head, and continue it above the shoulders around the neck, under the skin and occiput, so that the plaster cast above the shoulders will act not unlike a jury mast, only it immobilizes the turning of the head; otherwise it holds the whole spinal column from the hips to the base of the skull in a fixed position.

In club foot operations, I prefer to do a sub-cutaneous tenotomy of the tendo-achilles, and then correct all of the distorted part of the foot that I can. But where there is much resistance and a tendency to contract, I take the bistoury and make an open incision about an inch in front of the internal malleolus extending it across the bottom of the foot, cutting through the skin and fascia; then with the index finger I probe into the wound for the purpose of finding any resisting tendon, when I bear down on it with tenotome until it severs, after which I again feel for other resisting tissue, and sever all, and super-correct the distorted foot. Then I fill the incised wound with iodoform gauze, forcing it down and in like a wedge. The rest of the foot is covered with sterile gauze and absorbent cotton, and encased in a plaster paris cast, which is allowed to remain on for two to three weeks, when it is removed, and it is found that the large incised wound below the instep of the foot has granulated up. A new dressing is then replaced, and the patient allowed to walk on the foot, which also helps to correct the deformity and make it much more useful.

L. E. R.

COMMENCEMENT EXERCISES.

The fifty-seventh annual Commencement Exercises of the Eclectic Medical Institute were held at the Scottish Rite Cathedral, 417 Broadway, between 4th and 5th streets, on Tuesday Evening, April 15, 1902, at 8 o'clock. The following programme was rendered:

1. Music—March: "With Fire and Sword".....Johnson
2. Invocation.....Rev. Jesse Bowman Young
3. Music—Overture, Medley of Popular Airs.....Chattaway
4. Dean's ReportProf. F. J. Locke, M. D.
5. Music—Waltz, "Dolly Varden,".....Edwards
6. Conferring Degrees...Prof. J. U. Lloyd, Pres. Board Trustees
7. Music—Cornet Solo, Selected.....Mr. Joseph Loebker
8. Address,Hon. Will Cumback
9. Music—Sextette from "Florodora,".....Stuart
10. Benediction,.....Rev. Jesse Bowman Young
11. Music—Finale, "E. M. I.".....Weber

Weber's Orchestra furnished the music. The following is a list of

THE GRADUATES.

D. C. Arndt.....	Ohio.	H. P. Martin.....	Illinois.
Chas. S. Amidon	New York.	Geo. Morse.....	Illinois.
O. L. Baldridge	Indiana.	Allen H. Miller.....	Florida.
John A. Burnett.....	Ohio.	H. H. Miller.....	Penn.
A. O. Barclay.....	Penn.	E. E. Morris, D. D. S....	Ohio.
Ralph R. Barrett.....	Ohio.	H. Markee.....	Illinois.
Charles J. Cooper.....	Illinois.	Willie C. Miller.....	Ohio.
Rachel M. Cooper.....	Illinois.	Carl G. Patterson.....	Indiana.
J. D. Estell.....	Ohio.	Oscar Ralston.....	Ohio.
J. L. Hurst.....	Ohio.	John S. Rankin.....	Iowa.
R. C. Hunter.....	Ohio.	Alphonso Riggs.....	Ohio.
George H. Knapp.....	Ohio.	G. H. Schenk.....	Indiana.
Guy J. Kent.....	Ohio.	Clinton O. Shrader.....	Ohio.
Chas. H. Kirk.....	Penn.	Edward F. Shaulis.....	Penn.
Fred'k Kattenhorn.....	Ohio.	Al. L. Swartzwelder	Indiana.
Edythe R. Livingston.....	Penn.	J. W. Thiel.....	Ohio.
W. W. Livingston.....	Penn.	Fred. G. Wachtendorf....	Ohio.
Albert B. Martin.....	Illinois.	A. E. Wrightman...New York.	

The banquet tendered the graduating class was held immediately following the Commencement. Over 130 partook of the feast set in the large banqueting hall of the Scottish Rite Cathedral by the caterer, Mr. Moore. Prof. Russell acted as toastmaster, and the following toasts were responded to: "Odds and Ends," by J. U. Lloyd. "Medico-Legal Reciprocity," Scott Bonham. "The Class of 1902," Alphonso Riggs, M. D.

THE ALUMNAL ASSOCIATION.

The Alumnal Association of the Eclectic Medical Institute held its annual meeting in the lower lecture hall of the College, April 15, 1902, at 2:30 p. m. In addition to the usual order of business, the following addresses were made: President's address, J. D. McCann,

M. D., class of '88, Monticello, Ind. "The Early Faculties," Prof. Harvey W. Felter, M. D., class of '88. "The Class of 1902," Ralph R. Barrett, M. D.

The election of officers for 1902-3 resulted as follows: President, J. W. Kannell, M. D., class of '97, Ft. Wayne, Ind.; 1st Vice President, Ralph R. Barrett, M. D., class of 1902; 2d Vice President, John J. Sutler, M. D., class of '98; 3d Vice President, Frank J. Owry, M. D., class of '96, Cincinnati, O.; Treasurer, Chas. Gregory Smith, M. D., class of '90, Cincinnati, O.; Rec. Secretary, John L. Payne, M. D. class of '99, Cincinnati, O.

MAY STATE MEETINGS.

ARKANSAS—Next meeting at Little Rock, Gleason Hotel, 14 and 15. Corres. Secretary, T. J. Daniel, M.D., Magazine. The Secretary writes that he expects a large attendance. Several physicians from a distance have signified their intention of being present, including Dr. Kent O. Foltz, of Cincinnati, Ohio.

CALIFORNIA—Next meeting at San Francisco, 28 and 29. Cor. Secretary, H. S. Turner, M.D., Pomona.

KENTUCKY—The Kentucky Association will meet at the Louisville Hotel, Louisville, May 6, at 10 a. m. The Cor. Secretary, Dr. G. T. Fuller, of Mayfield, expects a large attendance. Drs. Locke and Brown of Newport, and Drs. Bloyer and Scudder of Cincinnati have signified their intention of being present.

ILLINOIS—Next meeting at Chicago, 21 and 22. Cor. Secretary, Dr. E. G. Trowbridge, 103 State St. Chicago.

INDIANA—Date of the next meeting has been changed to 14 and 15, at Ft. Wayne. The Secretary, Dr. J. W. Kannel, has written us that he expects a large attendance. Drs. Bloyer and Scudder of Cincinnati will be present and Prof. F. J. Locke will deliver the public address on the evening of the second day.

IOWA—Next meeting at Des Moines, 14 and 15. Cor. Secretary, Dr. E. H. Ellingsen, Calmar.

KANSAS—Next meeting at Topeka, 7, 8 and 9. Secretary, Dr. E. B. Packer, Osage City.

MICHIGAN—Next meeting at Grand Rapids, 14 and 15. Secretary, F. B. Crowell, Lawrence.

NEBRASKA—Next meeting at Lincoln, 14 and 15. Prof. J. U. Lloyd, of Cincinnati, will be the guest of the Association, and deliver an address at this meeting. Secretary, Dr. W. N. Ramey, Adams.

NEW ENGLAND—Will hold meeting at Hartford, Conn., 13, 14 & 15. Cor. Secretary, G. A. Faber, Waterbury, Conn.

NEW JERSEY—Next meeting at Newark, 21st. Secretary, G. E. Potter, Newark.

TENNESSEE—Next meeting at Nashville, 13 and 14. Several physicians from Atlanta, Cincinnati and Chicago have signified their intention of being present. Prof. J. R. Spencer, of Cincinnati, will deliver an address on electro-therapeutics.

WEST VIRGINIA—Next meeting at office of Dr. J. A. Monroe, 2711 Eoff street, Wheeling, 13 & 14. Prof. R. C. Winternute, of Cincinnati, will deliver an address before the Association.

EASTERN ECLECTICISM.

A delightful eastern trip was the recent experience of Professor Lloyd. He met the druggists of New York and made an address to the members of the New York College of Pharmacy. He visited the New York Eclectic College, addressed the class, and was entertained by Professor Boskowitz and others. He received many honors and attentions from literary people and clubs, both at Washington and New York. On his return journey he attended the meeting of the New York Eclectic Society at Albany, and participated in the discussions. He speaks in the highest terms of the meeting and its success. Taking it altogether, Professor Lloyd states that the Eclectics of New York are finely equipped, are strong personally, are in good position to move onward and establish themselves as they have never done before.

J. K. S.

HISTORY OF THE ECLECTIC MEDICAL INSTITUTE.*

This work of Professor Felter should at once be in the hands, and finally become an heirloom of every Eclectic, whether a graduate of the Eclectic Medical Institute or elsewhere. It is full of history, exact history, and carries more of incident and life that concerns the Eclectic Medical Institute and its friends than any other publication. No attempt is to be made here to describe the book, review will be made elsewhere. The object is to offer a word of praise in behalf of the production and a word of thanks to Professor Felter who has so ably served us all and so highly credited himself. A prodigious amount of research, of correspondence, and even much travel was necessary to the success of this volume. It is a great success, a surprise, a book that will be valued and sought in years to come.

J. U. L.

* See also book review on page 279.

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VOL. VIII.

MAY, 1902.

No. 5.

BOOK NOTICES.

HISTORY OF THE ECLECTIC MEDICAL INSTITUTE. By Harvey W. Felter M.D. Royal octavo, 204 pages. Paper \$1.00, cloth \$1.50. Published by the Alumnal Association. C. G. Smith M.D., Treasurer, 1009 Plum St. Cincinnati, Ohio.

This extensive history of the college and the early history of eclecticism has just been issued by the Alumnal Association. It is furnished free in paper binding to paid up members; cloth binding 50cts. extra. It comprises a complete history of the Worthington Medical College 1830-42, the Reformed Medical School of Cincinnati 1842-45, the Eclectic College of Medicine 1856-59, and of the Eclectic Medical Institute 1845-1902; also biographical sketches of the various faculties and lists of graduates. There are 75 pages devoted to historical matter; 64 to illustrated biographical sketches, and 56 to lists of graduates alphabetically arranged and by classes.

Prof. Felter has done remarkably well in collecting authentic matter, and has labored assiduously for more than a year, and should receive more than passing thanks at the hands of the graduates of the college for his work. The association has printed 1000 copies at the expense of \$588.00. There is still a balance of \$235.00 due it is hoped that sufficient books will be sold and membership dues paid to rapidly liquidate this indebtedness. Membership including certificate, and cloth copy of history, \$1.50.

OPHTHALMIC SURGERY. A Systematic Treatise on the Ocular Muscles. By G. C. Savage, M. D. 61 illustrative cuts and 6 plates. Cloth, \$4.00. Published by the author, Nashville, Tenn.

In this work of 589 pages, the author elaborates the importance of the ocular muscles, and gives plain and concise rules for strengthening them. The rules for increasing the power of the muscles by rhythmic

exercise, the reviewer can fully endorse. Operative measures are explicitly stated, and the cases where operations are contra-indicated are as fully treated.

The author's claims are not extravagant, although some of the methods employed are yet in the transitional stage, necessarily, as muscular unbalance has only attracted serious study within the last fifteen years.

It is a pleasure to recommend a book so well written, and also as free from radical claims as this one. Every person doing eye work should possess and study this volume, even if he can not endorse all the conclusions of its author.

K. O. F.

A MANUAL OF GYNECOLOGY FOR THE USE OF STUDENTS AND GENERAL PRACTITIONERS. By F. H. Davenport, M. D., New 4th edition, revised and enlarged in one 12mo volume of 402 pages, with 154 illustrations. Cloth, \$1.75, net. Lea Brothers & Co., publishers, Philadelphia and New York.

The object of the work, as stated by the author, is to give in detail the methods of examination and the simple forms of treatment of the most common diseases of the pelvic organs, and to assist the general practitioner to treat successfully the diseases of these organs he meets in every-day practice.

The portion of the work devoted to methods of examination is both full and explicit. The treatment, as is usual in works devoted to diseases of women, is chiefly mechanical or surgical. We must confess that we were disappointed in the chapter devoted to diseases of menstruation, at the scarcity of medicinal means used. Judging from the preface, we had hoped to see more remedies used internally and less mechanical measures recommended.

The fact, however, that the book has reached its fourth edition, establishes its popularity as a text-book. It is truly concise and suits the purposes of the general practitioner much better than some of the larger general works on gynecology.

W. N. M.

ADVANCE NOTICE. The International Journal of Surgery Company, 100 William St. N. Y. City, are about to issue a small work on Regional Minor Surgery, by Prof. Van Schaick. The book will contain about 200 pages and sell for \$1.50.

COLLEGE AND SOCIETY NOTICES.

National Eclectic Medical Association.

The next meeting of the National Eclectic Medical Association will be held in Milwaukee, Wis., June 17, 18, and 19, 1902. Arrangements have been made by which the railroads will grant a one and one-third fare for the round trip on the certificate plan. Be sure to get a certificate with each ticket you purchase, and this will entitle you to a

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stones, upon which the superstructure of Eclectic
Medicine has been built, and upon which it rests
unshaken."

EDITORIAL FROM E. M. JOURNAL.

one-third fare on the return journey. The program for the meeting is unusually attractive, and you will miss a great deal if you do not attend. From Chicago we shall leave over the Chicago, Milwaukee and St. Paul at 7 o'clock A. M., and arrive in Milwaukee at 9 o'clock, just in time for the meeting, which will be the most profitable, entertaining and best attended of any in our history. Arrangements have been made to have a special train from Chicago to Milwaukee. Make your plans so as to go with us on this train. Our headquarters are at the Hotel Pfister in Milwaukee, and the Corresponding Secretary will gladly make arrangements for your stay there if you will write him. N. A. GRAVES, M. D., 103 State st. Chicago, Cor. Sec'y.

WESTON, VA., April 17, 1902.

To the Eclectics of West Virginia: There never was a time when West Virginia, was making such rapid progress as at present.

The Eclectics of our state cannot afford longer to be indifferent as to the situation. Already too much has been lost by lack of concerted, systematic work. The conditions demand that we organize. Never were the calls for eclectic methods greater than now.

Our system appeals to the reason, our results are gratifying, our business remunerative. But before we can obtain the prestige, and recognition, which we merit, we *must* organize, and earnestly co-operate; united we succeed, divided we fail. Positions of honor and trust are being bestowed on those who are capable and influential. Let every Eclectic in West Virginia meet with us on May 13th and 14th at the office of Dr. J. A. Monroe, 2711 Eoff St, Wheeling, West Virginia, and assist in reorganization. Prof. Winternute of Cincinnati, and probably others will be with us to assist and entertain us. There will also be several papers by local men.

Let each of us make the effort of his life to attend, we cannot afford to fail, we must not fail. Let us have an organization which will be an honor to the state and a benefit to each of its members.

I am very truly yours,

GEO. SNYDER.

STATE ECLECTIC MEDICAL SOCIETIES.

ARKANSAS—President, R. L. Smith, Russellville. Corresponding Secretary, T. J. Daniel, Magazine. Next meeting at Little Rock. May 14th and 15th.

CALIFORNIA—President, F. G. Fay, Sacramento. Corresponding Secretary, H. S. Turner, Pomona. Next meeting at San Francisco, May 27, 28, and 29, 1902.

ILLINOIS—President Nathan A. Graves, Chicago. Corresponding Secretary E. G. Trowbridge, Chicago. The next meeting in Chicago, May 21, 22, 1902.

INDIANA—President, O. S. Coffin, Carthage. Recording Secretary, M. F. Baldwin, Marion. Next meeting, Ft Wayne, May 13, 14, 1902.

IOWA—President, J. B. Horner, Lamoni. Corresponding Secretary, E. H. Ellingsen, Calmar. Place of next meeting, Des Moines, May 14 and 15, 1902.

KANSAS—President, E. G. Locke, Holton. Secretary, E. B. Paecker, Osage City. Next meeting at Topeka, May 7, 8, 9.

KENTUCKY—The Kentucky Eclectic Medical Society will meet at the Louisville Hotel, May 6th, at 10 a. m., for reorganization. All Eclectics of Kentucky are urged to make the necessary arrangements to attend. For further particulars address Dr. G. T. Fuller of Mayfield, Kentucky.

MASSACHUSETTS—President, Asa L. Pattee, Falmouth. Recording Secretary, Pitts Edwin Howes, 703 Washington street, Dorchester Dist., Boston. Next (42) annual meeting will be held at the Thorndike, Boston, Mass., Thursday, June 5, 1902.

NEBRASKA—President, M. B. Ketchum, Lincoln. Secretary, W. N. Ramey, Adams. Next meeting at Lincoln, May 14th and 15th.

NEW ENGLAND—President, W. F. Templeton, Glover, Vt. Corresp. Secretasy, G. A. Faber, Waterbury, Conn. Next meeting at Hartford, Conn. May 13, 14, 15, 1902.

NEW JERSEY—President, D. P. Borden, M. D., Paterson. Secretary, George E. Potter, Newark. Next meeting May 21st at Newark.

OHIO—President S. Schiller, Youngstown. Corresponding Secretary, W. N. Mundy, Forest. Next meeting at Hotel Victory, Put-in-Bay, July 15, 16, 17.

TENNESSEE—W. N. Holmes, Nashville. Secretary, J. Paul Harvill, Nashville. Next meeting at Nashville, May 13th and 14th.

WASHINGTON—President, D. T. Richards, Fall City. Secretary, R. L. Chase, Edmonds. Next meeting at Seattle, third Wednesday in September, 1902.

WEST VIRGINIA—There will be a meeting of the West Virginia Eclectic Medical Society at 2711 Eoff street, office of J. A. Monroe, Wheeling, on May 13th and 14th, for reorganization.

WISCONSIN—President, C. W. Rodecker, Wonewoc. Recording Secretary, J. V. Stevens, Jefferson. Next meeting at Milwaukee, June 16th and 17, 1902.

The next meeting of the S. W. Ohio Eclectic Medical Society will be held at Lynchburg, May 14th. Any one who intends bringing clinics before the society should correspond with President Theo. F. Scott, of Lynchburg.

Those who intend to compete for the prize to be awarded by the National Eclectic Medical Association at its next meeting, must have their papers in the hands of the Prize Committee by May 20th. J. R. Borland, M. D., Chairman, Franklin, Pa.

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PERSONALS.

Joseph J. Kinyoun, formerly director of the laboratories of the United States Marine Hospital Service, has just been selected to take charge of the biological laboratories of the H. K. Nulford Company at Glenolden, Pa. Dr. Kinyoun comes with high recommendations and will undoubtedly prove very efficient in this new position.

For rent, physician's office in Dayton, Ohio. For particulars address M. E. D'Arey, 622 N. Main St. Dayton, O.

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READING NOTICES.

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The enormous consumption of Sodium Salicylate from artificial acid in the treatment of rheumatism, makes pertinent the inquiry as to whether this form of treatment is not responsible for many cases of Bright's disease, and the following editorial, from the druggists' circular, sounds a note of warning which physicians should not be slow to heed.

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North America. The fresh root of this plant is in high favor with the Indians as an antidote against the bites of serpents. Dr. Stinson found that this plant promotes the flow of saliva, is a mild and inoffensive antiseptic, and, above all, an aphrodisiac. It is employed in malaria, in typhoid and in diseases of the stomach as well as locally in the form of an aqueous solution of the fluid extract as an aphrodisiac. In addition, it may be given internally in the form of a fluid extract or a tincture. Ecthol is said to be the most powerful antagonist of suppuration. According to Meyer this substance has a powerful effect in toxæmia. Parker, Webster, Snyder, and Russell have shown that it is of great service in infectious diseases, in septic wounds and in the bites of serpents, as well as in chronic catarrhs.—*N. Y. Medical Journal.* March 15th, 1902.

PROLAPSUS UTERI.—This condition so generally prevalent in women and only afforded temporary relief by the use of pessary can be more rationally and satisfactorily treated by relieving the burden thrown upon the round ligament which supports the uterus by depleting this engorged and congested member of its abnormal blood; supply we suggest the following procedure. *First*, the uterus and entire canal should be thoroughly cleansed by flushing with hot water. *Second*, the use of an astringent antiseptic should be employed which will contract the uterine capillaries and blood vessels. *Third*, the ligaments and surrounding tissues must be toned up to enable them to more rapidly regain their normal tonicity. As a remedy particularly adapted to the above condition, Dr. M. A. Wheeler, attending physician of the Rensselaer Co. Hospital, Troy, N. Y., highly recommends Micajah's Medicated Uterine Wafers, and says that after many years of practice he places his sole reliance upon them. These wafers combine the aseptic and astringent action so imperatively required, and also tone up the relaxed condition of the uterus and its adnexa. Leucorrhea so often prevalent in these cases will rapidly disappear under this treatment.

I do not generally endorse proprietary medicines, but Sanmetto is such an elegant combination that I must make an exception in its favor. I have used several bottles of it in my practice with the most gratifying and surprising results. I used it in a case of inflammation of neck of bladder. Have also used it in several other cases, and will say that I have never used any preparation which has given me such satisfactory results in genito-urinary diseases as does Sanmetto.

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ORIGINAL COMMUNICATIONS.

ECHAFFOLTA IN TYPHOID FEVER.

By J. S. Niederkorn, M. D., Versailles, O.

THAT it is possible to jugulate disease is not admitted by all practitioners of medicine, though there are many who persistently insist that such accomplishment is common practice with them. All medical men, however, agree that the profession now is better able to combat diseased conditions than it ever, in years gone by, had hoped to be; and it is also now almost the universal opinion that a better acquaintance with sanitation and drug therapy are the most essential means by which we, as medical men, are enabled to control pathological conditions—disease.

Among the diseases which always claimed the particular attention of physicians is typhoid fever. Typhoid fever by many is considered a formidable enemy to conquer—that it runs a definite course, and that a high mortality percentage is common; whilst a goodly number of physicians insist that nothing in practice is easier than the successful management of typhoid fever; that their mortality percentage is so small as to scarcely deserve mentioning, and that its course can be shortened. With the latter class I cast my lot, firmly believing that these ideas held forth are positively correct, and have been proven many times in active practice.

The number of physicians who insist on the administration of calomel and carbonate guaiacol or salol in every case of typhoid fever; and hold this to be their sheet-anchor in the management of the disease, are almost without number—at least very many; and that routine prescription goes in the face of a protracted course and a large mortality percent, and regardless of changes in the pathological condition.

Let a specific medicationist meet such an one in consultation or elsewhere, and he can not but wonder how difficult it is to break loose from such antique fadism or rut, and how very easy it is to acquire routine habits, and to remain with them. By routine habits I mean those which permit no other drug application except those limited few which are made applicable to every case, regardless of results.

The specific medicationist also is guilty of routine prescribing, yet his routinism is far different in application, for it is the reflection of the indicated remedy made applicable to definite pathological conditions, and the field is far wider than the mere half dozen or so remedial agents. Every remedy has its place and time, and every change is met by a definite remedy. Philosophize as one will, the solution will necessarily always be, the condition and a positive remedy.

I do not believe that one remedy or several remedies should be made the absolute medicinal treatment for each and every case of typhoid fever, if the same remedies are always used to the exclusion of all others probably indicated. Nor do I believe that jugulation of any disease by any specified formula is possible, unless the exact conditions as each individual case presents them, are taken into consideration. The immediate and best results are always best obtained by the careful selection of remedies, the choice of remedies to be governed entirely by existing conditions. However, in many cases, in addition to the indicated remedy or remedies, we can frequently see where other agents would prove valuable auxiliaries and to the patient's advantage.

Among the many beneficial incidentals (if I may use the term) which may demand deliberation and attention—and I will say it will prove to not be a bad routine—is Lloyd's echafolta. This preparation I consider a most thorough and efficient therapeutic agent; it will go along nicely with any adopted line of treatment. I do not mean that it should be given to the exclusion of all other remedies in every case of typhoid fever, but it will prove a valuable medicinal auxiliary in many cases. Such marked beneficial results have been obtained from its use in typhoid fever, that I have unlimited confidence in its efficacy as a therapeutic agent.

Study each case, prescribe only such remedies as are positively indicated, control unpleasant features in the case with the indicated therapeutic agent, and call to your aid safe, useful and reliable means to bring about better results and relief to the patient; and when you are seriously considering what other means to employ in addition to that which is considered as best, think of echafolta. It has done for me what many other agents did not or could not have done. I feel certain that if there is any *one* remedy which will assist in cutting short an attack of typhoid fever, that one remedy is echafolta.

Last summer, after having all my earthly possessions, excepting wife and children, destroyed by fire, I became ill with typhoid fever. It seemed as though I was destined for a severe attack. I know I felt

like a very sick doctor (and may be behaved like one). The medical fraternity of the town was called in, every man an allopath. My condition remained unchanged for over a week; there certainly was no favorable change. My wife sent to a neighboring city for one of the best homeopathic physicians in the State, a medical gentleman and friend in whom she knew I had the utmost confidence, and one whom I frequently had consulted in medical matters. My mind was sufficiently clear, despite pain, to understand that the medicinal part of my treatment was likely to be a compromise, since homeopathic and allopathic therapeutics are anything but identical; and my personal inclination was to accept and apply the advice of my homeopathic friend, much in preference to the then already exhibited allopathic routine prescription, consisting of calomel and guaiacol, with an occasional dose of some one of the acetanilid preparations and castor oil. It was anything but agreeable to my state of mind to swallow stuff which I would not prescribe for any patient of mine; yet my condition was such that something must be done, so "grin and bear," and take your medicine. Sick doctors feel that they are "a party to the act," and my case was no exception. My conditions to my medical attendants were, "I will take anything you give me, provided you give me echafolta, alone or in conjunction with what you propose. Do that, and like the Christian imploring the Almighty to bless him with special favors, then you may "do with me what thou wilt." The advice of the homeopathic attendant was acted upon, in addition to the administration of echafolta, and soon there was relief and progress for the better. Later on, the internal treatment was echafolta only, and recovery was rapid and uninterrupted.

Every case of typhoid fever does not require echafolta, but every case in which echafolta is exhibited will without a doubt assume a milder nature and run a shorter course. Frequently cases are met with which, outside of good nursing, do not require much medicine, and they get well in a short time. Then too we meet with cases in which the selection of the proper medicinal agents is not so easily made; the nature of the case requires careful consideration, especially in reference to remedies. Echafolta will prove an important addition to any selected line of treatment, and many cases can be successfully handled with echafolta alone. Its antiseptic and antizymotic effect is far-reaching and positive, with no weakening or deleterious consequences attending its exhibition. Properly it could be designated as a stimulating remedy, but not in the sense as is commonly understood by the action of alcohol. I am certain that it enhances the action of the kidneys, stimulating them to more active work, thereby throwing off a greater amount of urine, more than is usual in cases of fevers. It certainly antagonizes sepsis, and stimulates retrograde metamorphosis, and stimulates the excretory organs. Its employment in every case of typhoid fever indiscriminately is not advised, though its administration in many cases will prove that it is a formidable foe to

diseased conditions. To mitigate sickness and to cut short its progress, is of great interest to the sick, and to be able to do this is certainly deserving of our serious consideration.

Twenty drops every two to three hours is my customary method of administering either Lloyd's echafta or echinacea, though smaller doses frequently suffice. Or a few drops may be added to the drinking water of the patient every time a drink of water is taken.

EPISTAXIS.

By Pitts Edwin Howes, M. D., Boston, Mass.

EPISTAXIS, or bleeding from the nose, is an exceedingly common occurrence. While in the majority of instances it is readily controlled, the cases are not rare where the flow is stopped only with much difficulty.

The loss of blood may vary from the slight amount which hardly stains the handkerchief, to the excessive drain that leaves the patient blanched almost to a marble hue.

The sources from which this disorder is produced are extremely numerous. Epistaxis is frequently a symptom in the different forms of rhinitis. In acute rhinitis, a large hemorrhage is seldom seen, usually not sufficient to stain the exudation. This statement is equally true of chronic hypertrophic rhinitis, but in chronic atrophic rhinitis the bleeding is often excessive, particularly where the discomfort caused by the dried crusts is productive of their vigorous extraction. The distension of the erectile tissue, in vaso-motor rhinitis, is often mitigated by a serous oozing; sometimes this secretion is blood-stained, and in exceptional cases pure blood may exude.

All ailments accompanied by ulceration exhibit a discharge that is bloody. Polypi and papillomata only produce hemorrhage in rare cases, but epistaxis is almost a constant attendant of malignant new growths.

External force is the most prolific agent in causing a flow of blood from the nose.

Among the internal sources change of lateral pressure in the circulatory system is an active factor.

The augmented arterial tension and enlargement of the left ventricle explains why epistaxis is so frequently met in disease causing the granular contracted kidney.

Hemorrhage from the nose is a common symptom in those diseases where, through any obstruction, the blood is hindered from quickly returning from the head.

Pneumonia furnishes some cases; it may be noticed during the first stage, or among the later symptoms, when it is much more serious in its import.

Cirrhosis of the liver has, for a considerable period, been accepted as an origin of excessive nose-bleeding. Should this occur in a man

of middle age, it is an exceedingly strong indication that cirrhosis of the liver is the primal cause.

Rarefied air, excessive heat or cold, or the rapid exchange of either, often produces epistaxis.

Whenever, in any disease, we find a degeneration of the blood constituents, bleeding from the nose is a prominent symptom. Moesler found epistaxis in thirty-five out of sixty-four cases of leukemia.

This bloody discharge is common to all the acute infectious diseases, especially in enteric fever. When it occurs at the latter part of scarlet fever, it points to a kidney complication of the disease.

Nasal hemorrhage is seldom noticed in young infants, but from the second year until they become nubile it is constantly recurring. Although rarely seen in mature life, yet as age creeps apace the proneness to nose bleed is re-asserted.

Males are more predisposed than females. Joal's researches exhibit the inclination to masturbation and the development of the sexual function as the origin of many cases of epistaxis in young people.

That this flow may supplant the catamenial discharge is proven by decisive evidence. Baumgarten records three cases of epistaxis supplementing menstruation, and points out that cases of vicarious nasal hemorrhage occur almost exclusively at the period of puberty, at the menopause, and in rare instances during pregnancy.

The early stimulating sources of nasal hemorrhage in individuals easily susceptible, are sneezing, blowing the nose, or slight mechanical lesions, such as might result from inserting the finger into the nostril. Spontaneous attacks may take place even in the midst of profound slumber.

By a strict scrutiny of numerous cases it has been determined that in a great proportion of hemorrhages from the nose, the blood can be discovered trickling from a minute opening on the anterior septum. From the frequency of these demonstrations this spot has been christened the "*site of predilection*." It is situated nearly half an inch from the anterior end of the cartilaginous septum, and corresponds to the organ of Jacobsen. Kriselback reports that "out of thirty-five cases of epistaxis in adults, in thirty-three the source of the hemorrhage was found in the septum, and in the greater majority of cases in the anterior lower part."

The phenomena manifested at the "*site of predilection*" differ in a large degree. Frequently a varicose or aneurismal condition of the vessels in the septum can be clearly distinguished; again a little erosion or ulceration, from the size of a hempseed to a lentil, is noticed. A pathognomonic indication is, that by gentle friction with a smooth probe the bleeding commences.

The way in which the hemorrhage manifests itself fluctuates greatly; sometimes it may appear daily for a number of weeks, then cease for quite a period; again there may be numerous, even daily, scant hem-

orrhages, this condition lasting for years; or the attacks may occur seldom but with great severity.

The amount lost has been variously estimated, from a few drops each time to twelve pounds in sixty hours. Mahomed has emphasized the fact that "even when the patient is much blanched through the loss of blood, the pressure in the arteries may still remain excessive, as for example in cases of Bright's disease."

Epistaxis must be diagnosed from those hemorrhages where the blood does not exude from the nasal mucous membrane, but from another situation, the nose being simply the conduit. Among these are included bleeding from the pharynx, naso-pharynx, the accessory cavities of the nose, the larynx, lungs, stomach, and cases of fractured base of the skull. In such cases blood will flow from both apertures, unless there is an occlusion of one nostril. If the hemorrhage comes from a cavity that connects with one nasal opening, the blood will issue only from that side.

Remember that in true epistaxis the blood may gravitate down the throat into the stomach, from which it is vomited, thus counterfeiting hematemesis. Epistaxis may also be mistaken for hemoptysis, as in a case where a varicose ulcer on the posterior lower part of the septum and the corresponding portion of the right nostril led to repeated hemorrhages, and the blood being coughed up gave rise to the fear that it came from the lungs.

Anterior and posterior rhinoscopy, skillfully performed, will almost certainly counteract any error in diagnosis; in those exceptional cases where this aid is insufficient, there are generally some important special symptoms which will prevent a mistake.

The tendency of epistaxis is to cease spontaneously. In nasal ailments, excluding malignant new formations, a good prognosis can be made. In congestive hemorrhage, correct local and general treatment will almost invariably produce a cure. When, however, we have to cope with degenerative changes in the vessels, or with diathetic diseases, the prognosis is bad, and death may result from the loss of blood. Epistaxis in old people with impaired blood-vessels, also demands a guarded prognosis.

If the hemorrhage from the nose be too quickly staunched in elderly persons, a cerebral vessel may give way; thus in these cases the bowels should be closely watched, and, if the patient be at all plethoric, his food carefully regulated.

Epistaxis is frequently a forerunner of cerebral hemorrhage when there are head symptoms, as its history demonstrates the common occurrence of a nasal bleeding previous to a fatal attack of sanguineous epilepsy.

Treatment.—Whenever epistaxis manifests itself in young people the hemorrhage should be recognized as an attempt of nature to prevent excessive congestion, and may be regarded as propitious rather than pernicious.

These patients should be directed to rest quietly, to maintain warm feet, a cool head, and see that pressure is removed from the neck. Like commands should be issued whenever turgidity arises from cardiac, pulmonary, or hepatic troubles.

If advisable to check the hemorrhage the more simple combinations should be first attempted, viz.—elevating the arms above the head, placing the feet in water, as hot as possible without scalding, and binding an ice-bag against both the nose and the back part of the neck.

These procedures failing to arrest the flow, a careful rhinoscopic examination should be made. If the blood is discovered at the "site of predilection" the bleeding can often be promptly checked by inserting a small amount of lint or iodoform gauze, into the nostril, compressing the nose with the finger. Occasionally it will be advantageous to moisten the lint, or gauze with perchloride of iron, solution of tannic acid, or some other reliable astringent. Frequently, repeated hemorrhages may demand the use of the galvano-cautery to perform a permanent cure.

The bleeding septum must be anesthetized by a 20 per cent. solution of cocaine; moisten a plegget of wool and press it firmly against the abrasion for one or two minutes. Then heat a flat platinum burner to a dull red glow, and insert against the hemorrhagic spot. Shield the outer wall of the nose by a speculum. Having cauterized sufficiently, a small tampon of wool, covered with carbolized vaseline, should be inserted and the patient directed to re-apply the ointment each night until the burn has thoroughly healed. Many users of this method are charmed with their success.

Excellent results have been obtained from chromic acid, but especial care is needed to prevent excessive cauterization when using this agent.

Hondeville has found nitrate of silver quite as effectual as chromic acid, and without its dangers. He staunches the hemorrhage by pressure, produces anesthesia with a 20 per cent. solution of cocaine, and, by means of absorbent cotton, secures perfect dryness. A probe is plunged into fused nitrate of silver which forms a thin coating on the point of the instrument; this is applied to the spot from which the blood came, and held there until a scar has formed. Two applications will usually result in a complete cure.

If a discreet rhinoscopic examination does not discover the origin of the bleeding, or the hemorrhage is so extensive as to exclude, for the time being, the use of the rhinoscope, we must resort to plugging. There are two methods of this procedure, anterior and posterior. The first is most easily executed by using a piece of iodoform gauze about two inches in width, the length corresponding to the size of the cavity. This is to be packed closely into the nostril through a speculum. The anterior cavity can be occluded in this manner with a minimum amount of discomfort. Some writers have recommended a variety of

astringents to medicate the gauze, but, if the packing is thoroughly performed, this will not be necessary, and the liability of injuring the mucous membrane removed.

Cooper Rose has designed an ingenious little mechanism for plugging the nasal cavity. It consists of an india-rubber bag attached to a tube, which is provided with a stop-cock. This bag is inserted into the nostril in a collapsed state, then inflated by means of a compressible bulb.

Occasionally, notwithstanding the most careful anterior plugging, the hemorrhage still continues. Such a condition demands the posterior method in addition. This is best performed by passing a string through the passage into the mouth by means of a gum catheter. A wool or cotton tampon is fastened to the string and drawn back, filling the posterior nares. The anterior nares should be packed as before described. It should not be forgotten that posterior plugging has been attended with fatal results, and is not, by any means, a simple, harmless measure. Several deaths have been recorded, from otitis media and pyæmia, as a result of this operation. Quite recently a case of tetanus was reported that resulted from posterior plugging. Hot water douching has been used with good results, at temperatures ranging from 110° to 160°. This does not cause pain, notwithstanding the high temperature advised.

Genieul claims to have checked epistaxis by injecting lemon juice, when all other haemostatic methods were useless.

Different expedients have been employed that the blood might be detained in the extremities. Probably the tying of ligatures around the thighs, and arms if needed, sufficiently tight to check the venous—but not the arterial—circulation, is best adapted for this purpose.

Many medical writers are referring to the great importance of the liver, as a factor in nasal hemorrhage. Verneuil and Harkin have been the great teachers of this doctrine. The latter decidedly asserts that the bleeding can frequently be arrested by using counter irritation upon the liver by means of a large blister. Quite a number of cases have been reported that confirm his statements.

When the hemorrhage has been checked it is desirable, particularly if the patient is anemic or has lost considerable, to recommend treatment that will increase the blood formation and prevent recurring bleedings.

The cause of the hemorrhage should be carefully investigated and a correct treatment instituted.

Many authors assert that we should be chary in attempting to arrest persistent hemorrhages. This caution is unnecessary if you do not include those of elderly people, or where you have reason to believe that an apoplectic condition exists.

CHOLERA INFANTUM.

By Benjamin B. Morrow, M. D., Mt. Victory, O.

ALL cases of diarrhea in children under two years of age are not cholera infantum, no more than all cases of sore throat are diphtheria.

Diagnosis.—Cholera infantum is classed under two heads, acute and chronic. We will first consider the acute; it is very fortunately rarely met with. The term should be applied only to those cases in which the child, previously healthy, or suffering perhaps from a mild form of indigestion, is suddenly seized with severe vomiting or purging, emaciation being rapid, and prostration marked from the outset of the attack. At first, there is catarrhal diarrhea; this may continue for 24 hours, then vomiting; the patient is restless, the thirst is intense, the mouth dry, temperature 103 to 104, with collapse; extremities become cold, the skin cool, the axillary temperature is lowered, the rectal temperature increases to 105 to 106, the restlessness continues, the fontanelles become depressed, the eyes sunken, the face pinched, the brows drawn, the urine diminishes in amount or may disappear entirely, brain symptoms ensue, so-called hydrocephaloïd symptoms follow, rolling of the head, strabismus, turning in of the thumbs and later convulsions; stupor followed by coma develops in the fatal cases. If the patient does not die in collapse, marasmus develops, ulceration, of the cornea may take place, there are edema and blood extravasation under the skin; the child emaciates and withers. On account of the weak heart, exhaustion, pulmonary atelectasis, or bronchopneumonia may occur. The age, the season, the presence of catarrh, with collapse and other symptoms, render the diagnosis easy.

Cause.—The exact nature of cholera infantum has not been proven but analogy points to its being a toxic condition produced by the absorption from the intestinal tract of some special toxin, originating in fermenting or decomposing food. The prolonged heat of July and August appears to be a distinctly predisposing factor. Infants living under faulty hygienic conditions and supplied either with injudicious dietary, or with milk food, in the preparation of which due care has not been taken, appear to be among those most prone to the attack. We seldom, if ever, find it where the child is nourished entirely from breast milk. In the majority of cases, there has been more or less severe antecedent disorder of the gastro-intestinal tract. There are very few changes found after death, either in the intestinal canal, or in any of the organs. The only lesion present may often be a desquulsive catarrh of the gastro-intestinal tract. In those cases which develop hydrocephalic symptoms, the appearance found after death bears no proper relation to the gravity of the disease. The kidneys are generally found paler than usual, with a moderate cloudy swelling of the cortex, but not to a greater extent than may be pres-

ent in other febrile disorders of infancy. The earlier symptoms may, therefore, be reasonably ascribed to the influence of some toxin upon the heart, nerve centers and vasomotor nerves of the intestines, while the later symptoms must be referred to the abstraction of serous fluid from the body. The prognosis should be guarded; the higher the rectal temperature, the younger the infant, the hotter the weather, the more unhygienic the surroundings, the more hopeless the case.

Treatment.—The temperature should be controlled to a degree by bathing. Prof. Thomas advises hot water and fanning; other authors advise the cold bath. I have got the best results by use of the hot bath, with fanning, to the body and limbs, and the cold pack to the head if there are brain complications. The vomiting and purging are controlled by the use of specific aconite and ipecac, each 5 drops to 4 ounces of water, a teaspoonful every 30 minutes. For the toxic effect of the toxin, I believe that there is no drug that can be compared to echinacea in this disease. You may combine with echinacea any of the specific medicines that are strongly indicated; the dose to be guarded according to the frequency with which it is given. Give of echinacea from two to five drops every 30 minutes, alternating with the aconite and ipecac. As the severity of the disease ameliorates, lengthen the time between the doses of medicine.

To sustain the patient and to overcome the devitalizing effects of the serous discharges, use hypodermic injections into the cellular tissues of a sterilized saline solution, 45 grains of sodium chloride to the pint of water. One-half pint or more of this solution may be injected at once into the subcutaneous tissue of the thigh, abdomen or buttock; the injection may be repeated twice a day. The intense thirst may be largely overcome by the use of saline rectal injections, also by the frequent administration of small particles of ice, and by highly diluted muriatic acid. All food should be withheld for 24 hours, then given gradually.

I believe that this treatment, properly carried out, will render the lowest mortality of any treatment I have seen offered.

Chronic cholera infantum is a misnomer, and refers to the intestinal disease that sometimes follows an attack of cholera infantum, and should be treated according to specific indications.

THE SPECIFIC TREATMENT OF CROUP.*

By B. J. Alexander, M. D., Hiawatha, Kan.

PERHAPS in no disease is the tendency to routine treatment so great as in croup. So many cases yield more or less readily to anything that will nauseate, and these can be prescribed with so little outlay of mental energy, that the doctor is quickly drawn into the habit of giving a certain mixture—a favorite croup formula to which he pins his faith and the life and comfort of his patient. This is usu-

* Reprinted from Transactions National Eclectic Medical Association, 1901.

ally some expectorant compound, which, if given in sufficiently large doses, will produce the desired anti-spasmodic effect.

If, in a given case, the conditions happen to be exactly met, the result is fine, and a little of the medicine will accomplish much. But if there is a misfit, the case will prove a stubborn one, and larger doses must be given, until at last disease and patient are forced into subjection together. Yet even here the doctor sometimes wins, but he might win more easily if he would select his expectorants with a discriminating sense of the eternal fitness of things; that is to say, according to the principles of specific medication.

The chief remedies in the specific treatment of croup are ipecac, lobelia, potassium bichromate, and gelsemium. One or the other of these is always indicated, and, with properly directed adjunct treatment, will cure every curable case.

Of expectorants, ipecac is demanded oftener than any other. It is indicated by dryness of mucous membranes, frequently associated with evidently painful cough. If patient is old enough he may complain of rawness in air passages. The face is flushed and the circulation active. The medicine is used alone if the temperature is normal, or nearly so.

R—Sp. ipecac, $m v$ to x , water $\frac{3}{4}$ iv. M. Sig: Give one teaspoonful every hour or oftener; when urgent symptoms have been relieved, continue in smaller doses until cure is established. If there is fever, add aconite to above mixture. Use cold applications externally.

If additional antispasmodic action is needed, add either gelsemium or potassium bromide; the choice will depend on the pulse. If this is characteristically full and bounding, let gelsemium be the remedy, otherwise pot. bromide will be better.

The case in which lobelia is indicated is of quite another type. The mucous membrane is only moderately dry, or is even moist, the tissues are full, the face pale, the eyes dull and the pulse full and compressible, while the throat symptoms are materially paroxysmal. This is the typical picture, and if clear no other remedies will be needed.

R—Sp. lobelia, $m x$ to xxx, water $\frac{3}{4}$ iv. M. Sig: Give one teaspoonful every hour or oftener, according to severity of symptoms. Also use specific lobelia, full strength, externally, and apply cloths wrung out of hot water.

In yet another class of cases is the spasmodic character of the disorder strongly marked, though the appearance of the patient is quite different. The face is flushed (bright red unless asphyxia be present), the eyes are bright, pupils, if other than normal, are contracted, the pulse is full, strong and bounding, the skin hot. It is croup, but gelsemium is called for in every line, and prompt relief will follow its administration. Give it alone at first, and later sustain its effect by combining with aconite or ipecac. In severe cases, give a single dose of a minim or two of specific medicine, then:

R—Sp. gelsemium, $m x$; water, $\frac{3}{4}$ iv. M. Sig: Give a teaspoonful every hour or two, as needed.

Our fourth remedy is specifically indicated when, with symptoms of croup, white patches appear in the throat. If added to this condition there is enlargement of the cervical glands, *phytolacca* is also indicated.

R—*Pot. bichromate*, gr. 1-3; *Sp. phytolacca*, m x; water, 3*iv.* M. Sig: a teaspoonful every hour.

Very often these two will be all that is needed, though some anti-septic gargle, if the child is old enough, will be useful. Very often too, *gelsemium*, *lobelia*, or some other antispasmodic, will be needed, and these should be added to the mixture according to the indication.

This is but a brief outline of a rational treatment of croup, but it is capable of elaboration. Its principles are not new, but there is reason to believe that they are not so generally followed as they deserve, and if, through anything in this paper, relief shall come more easily to but one little sufferer, the writer will be content.

POPULUS MONILIFERA.

By W. M. Alter, M. D., England, Ark.

SOME years ago, when drugs were hard to obtain in Arkansas, where I was located, and the people were suffering from the various forms of malarial manifestations, I sought to discover some antidote for the poison; and in that connection my attention was called to the antiperiodic properties of the cotton wood bark—*Populus monilifera*.

I found that by using a strong infusion I could soon cure any form of intermittent fever, and chronic and irregular forms could be thoroughly cured with it; and the pathological lesions of liver, spleen, and kidneys removed, and their physiological functions restored. I soon learned from clinical observation that the well known tendency to relapse, so often observed after quinine treatment, was overcome. In fact, I found that I had a powerful and reliable therapeutic agent, but I labored under the inconvenience of the large doses of the infusion, in order to get its therapeutic effect. But notwithstanding this, I have often cured grave forms of the disease with this agent only. There is one thing right here I wish to state: it is not likely to produce defective hearing so much complained of when the quinine treatment is used. Now I do not wish to be understood that I wish to detract from the honors justly belonging to quinine; but if I have made a discovery that we have an antidote which is American, I think it my duty as an American physician, to point it out.

Let us continue by saying that as year after year passed, I often had to resort to what I called the Alter Specific (*i. e.*, cotton wood bark tea), and finally a very severe form of malarial manifestation became common in my territory, to which quinine seemed to be poison. I refer to what we call malarial hematuria. I concluded then to try the cotton wood bark in this form, and from the first case on I

had no trouble in controlling the hematuria, causing the icteroid color of the skin to disappear, and saved my patient.

I wish to call attention to some things which serve as a foundation for my claims to be the discoverer of a specific for the last mentioned form of malarial pathological conditions. I have very often cured my patient with the Alter Specific, and ordered that for a few days quinine be taken; and have often been called back in haste in less than an hour after the ingestion of the first dose of quinine, on account of the hematuria from the kidneys. After considering such clinical evidence as the above (and this I have observed often) I was forced to the conclusion that I had discovered a specific. I have had trouble sometimes to get enough retained in the stomach on account of the irritation of that organ.

I thought for some time that I would keep the matter secret, but as my discovery came around rather as the result of circumstances, and not on account of my great knowledge of medicinal plants, or my work, I do not think that I am entitled to any special honor. Still I would like to contribute to the success of my profession and the better treatment of the sick. This is the first time I have revealed what the Alter Specific is made from. In 1899, I wrote an article to the *Medical World*, on the "Alter Specific," which was published in the March number of that year.

I will conclude by giving you my idea of the physiological effects: Cardiac stimulant, diaphoretic, diuretic, stimulant to hepatic cells, a promoter of physiological metabolism under pathological conditions, induced by malarial toxemia; promoting elimination of disintegrated material, it is a specific for malarial hematuria; also one of our most powerful antiperiodics, possessing advantages over quinine. It will not cause deafness; it will not cause abortion, but in malarial conditions of the pregnant, it will prevent abortion, soothe the pains often brought on by malarial poison in the pregnant uterus. There are other valuable properties which I have observed since I first began using the *Populus monilifera* some 26 or 27 years ago.

CONIUM MACULATUM. (POISON HEMLOCK,)*

By Lee Strouse, M. D., Covington, Kentucky.

THIS remedy, its description, and medical properties, are well laid down in our text books. I believe it to be a remedy little used by the profession, and not much written about. In the last sixteen volumes of the Eclectic Medical Journal, I find but one article, that by Prof W. E. Bloyer, M. D., of Cincinnati, 1900 Vol., page 109. I have been and am now using it quite extensively in my practice and will report two cases as follows:

Mr. C., aged about 50 years, six feet tall, weight 210 pounds, always

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had good health, a carpenter by trade, working steady. He had a stroke of paralysis, losing almost the entire use of his whole body; was put upon iodide of potassium for two years, could not get out of the house when he came into my hands, April, 1900, as a city patient, the treatment being as follows : Nux vomica and conium maculatum $\alpha\alpha$ gtt. xx, aqua dist., qs. $\frac{3}{4}$ iv. M. Sig : A teaspoonful four times a day. This was gradually increased until a drachm of each of the fluid extracts were used. He improved from the start, and was soon able to come to my office three squares distance; his speech is better, he is enjoying better health than ever before since being paralyzed, the nocturnal pains have ceased, he eats and sleeps well.

Wm. K., aged 42, weight 180, and well built, an inmate of the Wayfarers' Rest, a charity institution of this city, came into my hands about two years ago. Three years before he was a brakeman on the C. H. & D. R. R. While sitting on the edge of a freight car while running, he went to sleep, fell off and lay about six hours before he was discovered and taken to a hospital, where he remained for about a year and was discharged incurable.

When I saw him he could barely creep along with the aid of two canes, being in much the same condition as the above mentioned case; treatment the same. He made slow progress towards improvement, but after a year he comes to my office for his medicine and walks without a cane, and boasts that he is getting better all the time. His improvement is such that he seems almost another man, but he too, like the above mentioned case, neither will get much better, yet I believe to continue the medicine will give them continued good health as of the present.

Other physicians that have seen the cases and know the treatment, say that after a while they reach a point where medicine will have no effect, and they will die suddenly. In my practice I have not as yet had such results. I have treated a number of cases in the above manner, with like results.

Prof. Bloyer, in his Journal article, says that nux and conium are incompatible; this I am unable to confirm, the combination in the kind of cases mentioned works nicely in my hands. As a single remedy I have used it in a number of complaints, with good to fair results. To alleviate pain in cancer and cancerous conditions and those heavy aches attending the same in any part of the body, it acts mildly and satisfactorily.

Neuralgia of a dull aching character will be relieved by it. It is not as good when the pain is sharp and shooting. Dull ache in upper back part of the head, the patients believing they have some great ailment, despondent, where there is really nothing the matter. Conium gtt. xx, aqua $\frac{3}{4}$ iv, a teaspoonful every two hours with the assurance that they will get well, and an improvement is noticeable almost at once.

In gouty and rheumatic conditions of the aged, incurable conditions

existing, where relief only is sought, a continued use of conium will make life bearable, in a great measure causing them to forget their affairs and condition, and prolonging their days.

I like the action of conium in syphilis as a constitutional remedy given at short intervals, and especially in the tertiary form, when a storm is approaching, the bones are aching as though they will break, it will then prove efficient in giving relief.

As a sleep producer in chronic cases I use equal parts of conium and hyoscyamus, instead of morphine; the action is not so quick as morphine, but the after effects are more lasting and will not disturb the stomach and other secretory functions.

In cancer of the stomach, I believe if judiciously pushed it will check the progress of the morbid growth and allow a few years more of life. Such has been my experience, but it will not cure.

In rheumatism, especially of the joints, where the pain is dull and aching, its administration will give relief. I have always used, and will recommend the use of the specific conium as being reliable and always the same. Begin with the smaller dose and increase slowly, not going above half a drachm to water four ounces; a teaspoonful every three hours.

The indications are atrophy, inactivity of the nerves, paralytic conditions, tongue broad and covered with a film of yellow. It will arouse the nerves to a better action, increase the appetite, and bring about a better digestion and assimilation.

ELECTRO-THERAPEUTICS.

By J. R. Spencer, M. D., Cincinnati, O.

[Continued from page 250.]

ANIMAL ELECTRICITY.—It is very probable that all chemical action and molecular changes, however excited, are attended by the evolution of electricity. The play of electrical phenomena is incessant and infinite. Electric force, like light and gravity, is exerting an action everywhere and at all times. These electrical phenomena can not be recognized because of imperfections of a proper knowledge, and the want of apparatuses of sufficient refinement with which to detect their presence and measure their force. Galvani was the first investigator to declare the presence of electricity in animal tissues, calling it animal electricity. His conclusions were reached after many and varied experiments, extending over many years. When he published the result of his investigations the entire scientific world became interested, and many other men began to make investigations along this line. Alexander Volta took exceptions to Galvani's position, claiming that the electricity he had found was the result of the relations to each other of the heterogeneous or dissimilar metals which he had used in making his experiments, and was in reality chemical electricity or galvanism, and not animal electricity at all. Galvani varied

his experiments, and sought in every way possible to prove his position, but he was met at every point by Volta with as forcible an array of evidence to overthrow his position. Volta won the greater number of adherents, and Galvani lost his friends, and later on died without knowing whether he was really right or not in his deductions. After a time a new instrument was invented, called a galvanometer, by which the presence of electricity could more easily be detected. By means of this instrument it was discovered that muscles and nerves were the seat of electrical currents which differ in direction and intensity.

After the galvanometer was invented, DuBois-Reymond made a very thorough study of the subject and made the following deductions:

1. That electric currents are inherent to all animals, warm and cold blooded.
2. That currents are found in both nerves and muscles and that both are subject to the same laws.
3. That the current usually observed is a muscle current, the nerves acting as an inactive conductor.
4. That this muscle current may be upward or downward, and that the current of the whole limb is the resultant of the partial current of each muscle.
5. That these currents are not the result of heterogeneous tissues, as Volta had believed, for the nerves, muscles and tendons are homogeneous in their electrical relations.
6. That electricity is found not only in the muscles and nerves, but also in the brain, spinal cord, in sympathetic, motor, sensory and in mixed nerves, in the skin, spleen, testicles, kidneys, liver, lungs and in tendons; but it is not found in fasciae, sheaths of nerves and sinews or ligaments.
7. That animal electricity is capable of decomposing iodide of potassium, and of deflecting the needle of a galvanometer.
8. That in muscles and nerves, the electricity is in the condition of a closed circuit.
9. That the contraction of muscles is accompanied by an electric discharge resembling that of a torpedo.

These conclusions of DuBois-Reymond satisfied the scientific investigators of the world for many years, but more recently, many of his statements have been proven to be erroneous.

There are many opportunities by which mistakes could be made and wrong conclusions drawn in connection with the study of this very difficult subject, so that an arrival at all the facts connected with the study of animal electricity is a difficult, if not an impossible task.

The most rational conclusion in regard to this subject is that as all chemic action, however slight, is accompanied by the generation of electricity, it would naturally follow that in the changes, chemical in character, that are constantly going on in the animal economy in the process of nutrition and decay, electricity would be generated, and

that this electricity may be called animal electricity, because it is generated in the animal body, but that it is in no way different from galvanism, or electricity generated by chemical action in any other place. The changes that are carried on in the dead body in the processes of putrefaction and disintegration will also generate electricity.

A very interesting example of animal electricity can be observed in certain fishes; the torpedo or electric ray, the gymnotus or electric eel and the electric shad are the only varieties of fishes that have the power to give an electric shock, which occurs when they are touched. By means of this power they exert a benumbing influence through the water for some distance; this influence is the same as is obtained from bodies charged with electricity artificially generated. If a glass or a resinous material, which is a non-conductor, intervene between the hand and the fish, the shock will not be felt. The current drawn from these fishes will decompose water, magnetize steel needles and deflect the needle of a galvanometer. The power of these fishes is weakened by a few discharges in quick succession; rest and nourishment are required to enable them to regain their normal condition. The power to develop electricity in these fishes lies in a peculiar expansion of certain parts of the nervous system called the electric organ. The ability these fishes have to give electric shocks is used by them as a means of protection or as a weapon of defense. The study of animal electricity is one of much interest to the physician, and may in time, prove to be of great value to electro therapeutics.

The writer of this series of articles will soon take up the effect of electricity in healthy and diseased states, and as a preparation to that study, it will be proper to consider at this point, the relative conductivity of the different tissues of the human body. It will be well to think of the human body being largely composed of water—about three-fourths of its entire weight, in which a certain amount of salines are held in solution and solid tissues are interspersed, all of which is kept at a temperature of 98 2 5° F., which is the normal temperature of the body, or blood heat. Cold water is a fairly good conductor of electricity; when it is raised to a temperature of 98 2.5° F. its power to conduct electricity will be multiplied by twenty; dissolving salines in water will still further increase its conductivity. The degree of resistance of any part of the body will depend upon its structure. Bones and epidermis contain a very small amount of water, and therefore will offer much greater resistance to the flow of an electric current than muscles, nerves, tendons and cartilages will offer, as they contain large quantities of water. The stomach, intestines and mucous membranes contain much water and a large amount of salines in solution, and therefore will offer very little resistance to the flow of an electric current.

For the reasons just given, the blood is the best conductor of all the materials of the body.

The amount of water in the different tissues of the body, except the

bone and the skin, is fairly uniform, ranging from 70 to 90 per cent.; the amount of water in the bones is about 15 per cent., and in the skin it is about 55 per cent. The epidermis and hair in a dry state, are very poor conductors of electricity; this can be overcome, by thoroughly moistening them, before an electrode is applied in the use of the electric current. Soft parts that are protected by bony coverings are less powerfully affected by electricity than other parts of the body.

Compared with certain metallic conductors, the human body is a very poor conductor of electricity. An estimation has been made that a copper wire is one thousand million times better conductor than the human body. Electricity will follow the shortest and most direct course from one pole to another, providing the intervening tissues offer uniform conductivity, but if great resistance intervene, the current will complete the circuit by the route that offers the least resistance.

Young people offer greater resistance to the flow of electricity than old people; this is probably due to the fact that the greater amount of saline found in the blood of old people increases the conductivity of their tissues. The thickened epidermis on the hands of laborers offers great resistance to the flow of the electric current.

When several persons, standing in a row with joined hands to complete a circuit, receive a shock from a current of electricity, some will be affected more than others; this is probably due to the different conditions of the fluids of their bodies. An individual will be more susceptible to the influence of electricity one day than on another day, owing to the constant changing of the constituents of his blood.

SETON HOSPITAL REPORTS.

BY PROF. L. E. RUSSELL, M. D.

CASE 12.—Dr. Lee Strouse, of Covington, brought to the hospital a Mrs. A., aged 42, mother of three children, who was suffering from continuous hemorrhage of the womb. She was prepared for an operation and anæsthetized before an examination and diagnosis had been made. On making a digital examination, we found a necrotic condition of the uterine cervix to such an extent that there was not more than a half inch of tissue on the lower lip, the upper part having sloughed off even with the anterior vaginal vault. Tenacula hook forceps seized the lower lip, but the tissues were so devitalized that on exerting the least traction on the tenacula hook forceps they immediately tore through the tissue. It was therefore deemed prudent to insert the vaginal retractors, and with a curved scissors excise all of the cervical tissue protruding into the vagina, and thoroughly douche the parts, and pack with antiseptics, deferring further

surgical interference for 48 hours, after which time a complete vaginal hysterectomy was performed after the following method:

A dividing double tenacula hook was closed and carried through the uterine cervix up within the uterus, and then the tenacula closed, which forced the reverse hooks into the uterine tissue; then by traction on the instrument, the uterus was forced downward, outlining its upper cervical tissue so that the dissection could be pushed to completion, the vesical and rectal tissue outlined in the course of the descent of the uterus by traction.

When the cervix was fairly well girdled, an intrusion was made into Douglas cul-de-sac, the tenacula hooks released from the intrauterine tissue, and the middle and index finger pushed upward from Douglas cul-de-sac to the fundus of the uterus; then with double tenacula hook forceps with the back reeting between the index and middle finger, these were pushed upward to the fundus and pulled forward, lodging into the fundus of the uterus, and as traction was made downward, the uterus was inverted so that the tubes and ovaries and fundus of the uterus came out into the palm of the hand as it remained inserted in Douglas cul-de-sac. Long uterine haemostatic forceps were now clamped on the inverted broad ligament and ovarian artery on either side, and into the fundus of the uterus was inserted the double tenacula screw used for excessive traction in tumor and uterine work.

Just at this time and point, the curved uterine scissors severed the broad ligament and tissues on either side of the uterus, and it was extracted within five minutes without much difficulty and without hemorrhage. The parts were wiped clean with aseptic gauze, the full width and size to the extent of half a yard carefully pushed up into the pelvis for the purpose of drainage, and to prevent the sagging of intestines into the field of traumatic tissue. The gauze and forceps were all removed in 36 hours, no hemorrhage intervening, the parts rendered thoroughly aseptic, and the closure of the wound by granulation accomplished in a few days.

I believe this is the ideal method of dealing with those cases of advanced carcinoma uteri, as it removes the necrotic organ with all of its offensive debris, and puts a stop to the excessive hemorrhage, which is so debilitating and threatening to the life of the patient.

While we may not claim with a certainty that there shall be no recurrence, it makes life endurable for a time to the patient and her friends, and I can record some cases that have been free from a recurrence for a period of seven years.

CASE 13.—Mr. M., 30 years of age, was referred by Dr. J. R. Spencer, on account of a wandering tumor in the neighborhood of the umbilicus. On making an exploring incision we found incarceration of intestine in a fenster of the omentum. The intestine was dislodged from its incarcerated position from the omentum, and the open-

ing in the omentum sutured up with pyok-tannin cat-gut. There was marked tabes mesenterica manifest, and some adhesions of intestine to intestine. These were all broken up, and the median incision closed, and the patient returned to his bed very little shocked.

The second day following the operation the bowels were freely moved, and the patient made an uninterrupted recovery. The uterine tumor mass, of course, was caused by strangulation of the intestine within the grasp of the omentum, ballooning the intestines with gases, which after a time became released, the distension gradually subsiding, the tumor mass disappearing.

CASE 14.—Mrs. C., aged 40, a wandering clinic, came to the college for an examination of the left mammary gland. The patient had noticed an enlargement and nodule of the left breast some two years ago, and recently these involved nearly two thirds of the mammary tissue with retraction of the nipple, which is generally considered significant in carcinomatous mammary lesions. The patient had been properly sterilized and prepared by the sisters and chloroformed, and brought into the operating room. On a more careful examination, it was found that the gland in the axilla had also become involved. Therefore the radical operation was advised and executed, the incision extending from the anterior superior axillary border down along the external edge of the pectoralis major muscle, and then branching out in an elliptical shape, lower angle coalescing an inch and a half below the inferior border of the mammary gland.

The skin tissue is now seized with haemostats and dissecting forceps and the dissection speedily pushed until the gland and axillary space are partly exposed. This is all completed before any attempt is made to remove the gland. At this time tenacula hook forceps seize the breast and lift it forward so that a general outline of its circumference can be easily made out. The bistoury dissection commences an inch below this margin, completely encircling the diseased tissue, and then from below upward the dissection is pushed, taking with the breast the fascia from the pectoral muscles, so that to all intents and purposes, so far as the naked eye can discern, every particle of the carcinomatous tissue, together with an inch of the outer border of the pectoralis major and all glandular tissue, extending into and including the cushion of fat in the axillary space, are all removed.

The blood vessels are tortioned with the haemostats wherever manifest, and an incision for drainage is made in the most dependent portion of the lateral flap, through which a half width of iodoform gauze is drawn upward, and folded in pleats in the axilla, and to the uppermost border of the superior part of the removed gland. The whole incision, through which the tumor has been removed, is now sutured, approximating the edges carefully with an over and over suture of sterilized hair from the tail of a horse. This, I think, is one of the best sutures in approximating the edges of cutaneous tissue, as it is

just a least bit elastic, and when properly placed, does not ulcerate or require further care until the completion of the recovery of the case at the expiration of two weeks. The drainage gauze is allowed to remain in for 36 or 48 hours, when it is removed and a lesser piece inserted, which is allowed to remain for another 24 hours, when all is closed carefully, and nature completes the recovery.

EYE. EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

A CASE OF TRAUMATIC CATARACT.

Miss S. McE., ast. 17, city, was shaking a dress, and a pin in the waistband was loosened and flying upward, struck her in the left eye. This occurred on the 6th of March, but no one was consulted until the 8th, when she called upon Dr. C. G. Smith. He recognized the severity of the case, and referred her to me. Examination revealed the fact that the pin had penetrated the cornea, and entered the lens in the pupillary space. Besides a severe iritis, there was a well developed cataract. The track of the pin was plainly seen; the lens was considerably swollen and the pupil contracted; the conjunctival and subconjunctival tissues were excessively congested, and a considerable amount of pus was in the anterior chamber of the eye. Plastic material had been so abundantly produced that the pupillary space was almost completely filled, but total occlusion of the pupil had not occurred.

Dilatation of the pupil was impossible, even with a strong solution of atropine, and an unfavorable prognosis was given. With this understanding the following were given: R—Atropine sulph. gr. iv, aqua 3iv. M. Sig: Two drops in the eye every three hours. R—Sp. pulsatilla f 3 ss, sp. jaborandi f 3 j, aqua q. s. f 3 iv. M. Sig: Teaspoonful four times a day.

No especial change was made in the treatment, and the eye gradually improved, the pain subsiding within two days so the patient was comfortable. The pus was all absorbed within four days, and the general health appeared improved.

It was impossible to get any dilatation of the pupil throughout the entire time of treatment, and as there was complete occlusion of the pupil as a result, it will probably necessitate operative measures, not so much for the cataract as for the purpose of restoring communication between the anterior and posterior chambers.

FOREIGN BODIES IN THE NOSE.

Writers for medical journals and authors of text-books are continually advising against the use of forceps for removal of foreign bodies from the nose, and also the necessity for good illumination in

any efforts made, whatever the method employed, but there are plenty of instances which show that the advice is not heeded. A foreign body that is hard and smooth will almost invariably be pushed further back in the nasal cavity, besides causing more or less laceration of the tissues as a natural sequence of the use of forceps—the resulting inflammation making it almost impossible to remove the object through the anterior naris.

W. G., set 3.—The little boy was in his father's jewelry store, and found the upper part of an old stick pin from which the set had been removed. The points had been partly bent together, but some were quite prominent, and also a quarter of an inch of the pin, which complicated matters. The boy introduced the remnant into the right nostril, being right-handed. The father said he could see the pin plainly as it was well forward in the nasal cavity, but did not wish to assume the responsibility of removing it. The child was taken to a doctor, who endeavored to remove the pin with forceps, and also without any illumination excepting an ordinary gas jet. The boy struggled so that it took three men to hold him, and then he finally got away after nearly twenty minutes of torture. The doctor then gave it up, and advised waiting until morning.

In the morning the child was brought to the office, and was so nervous that it was difficult to get a view into the nose at all, but after some coaxing allowed me to look in. The foreign body could be faintly seen well back in the nasal cavity, and the tissues were badly swollen. I found I could do nothing without giving an anesthetic, so administered enough to quiet him, and then passed a hook back of the object, trying to dislodge it in this way, but found it would require entirely too much force. I then did what I do not like to do usually, that is, push it through and run the chances of the patient spitting it out of the mouth. As usual in cases partially under the influence of chloroform, the child swallowed the pin and the father had to take my word for its being no longer in the nose. I told him to feed the boy plenty of potatoes, and it would pass in the stool matter all right.

Five or six days later the father triumphantly showed me the pin, which was passed without any trouble whatever, and apparently none the worse for its trip through the bowels.

It is seldom that a foreign body can be removed from either the nose or ear by the use of forceps, even by individuals who are skilled in their use, and the result is that at times a serious operation is necessary to overcome the effects of over zealous manipulations.

CARE OF INSTRUMENTS.

The impression made on a patient when looking at a doctor's instruments produces a psychic influence which has much to do with a doctor's success. If the instruments are spotted, rusty or dirty, the patient is disgusted, and will often leave the office without an exami-

nation. Instruments can not always be new, but there is no excuse for their looking as though they had lain on the ground exposed to the elements for some time. A little care on the part of the physician will keep his instruments looking bright and clean. I have some knives that have been in use for over twelve years, and they look as bright as though just from the instrument makers. It is not necessary to have a number of the same kind of instruments, although often convenient, but they should have proper attention.

A description of the method employed in my office may not be out of place. Instruments which are soiled with blood are rinsed before placing in the pan for washing. This is done before the blood dries on them if possible, and can be done by having an extra dish with water in which they are rinsed. As soon as possible after an operation, or the use of an instrument, boiling water is poured into an enameled dish used for soiled instruments. If there is any suspicion of specific disease, and for such cases separate instruments should be used, a teaspoonful of bicarbonate soda and the same quantity of aqua ammonia is added. After a few minutes this solution is pouzed off, and the instruments again covered with boiling water. Asepsin soap is generally used with this water, making the water quite soapy, and again the water is pouzed off. Hot water is again used, and each instrument given a careful wiping with a dry chamois, then wiped again with a dry chamois and electro-silicon. Plated instruments are rubbed again with a chamois in which jewelers' rouge has been well rubbed, and the operation is then completed by again using a plain chamois.

Instruments which are not plated, and used only at long intervals, are given a wipe with a cloth of chamois saturated with paraffine oil, the thin film of oil protecting the instrument from atmospheric moisture. If an instrument has some spots of rust, and the oxidation is not too deep, removal is often possible by allowing the instrument to remain in the paraffine oil several hours, then using powdered emery and a chamois.

Many object to the process described, saying it takes too much valuable time, and that it is cheaper to buy new instruments. It is not so much the value of the instruments as it is the value of the impression made upon the patient. If a physician has so much business that he can ill afford the time for properly taking care of his instruments, he surely is doing business enough to have an office attendant who can do the work for him.

The various methods of sterilization are not mentioned, as the character of the instruments must govern this as well as individual preferences, the object of the article being simply the care of instruments after their use and before returning them to their places.]

PERFORATION OF THE NASAL SEPTUM.

Perforation of the nasal septum, which occurs more frequently in adult life than the young, is a condition in most cases not amenable to treatment, and when diagnosed has taken its course to the fullest extent, according to Kyle, who observed that in 5,000 cases, 1 in every 200 had perforation of the septum, the most frequent cause of the affection being occupation.

Perforations may be generally divided into cartilaginous and bony; these are subdivided as follows:

1. Idiopathic: *a*, Unhygienic surroundings. *b*, Inhalation of dust and chemicals (occupation). *c*, Climate. *d*, Non-development. *e*, Abscess of septum.

2. Disease: *a*, Syphilis. *b*, Tuberculosis. *c*, Typhoid.

3. Traumatic perforations: *a*, From operations. *b*, From fractures.

Perforations of a cartilaginous nature are usually due to idiopathic conditions and not the specific diseases. Those affecting the bony septum are due to an extension of disease and may be osseo-cartilaginous. By perforations due to unhygienic surroundings are meant those which occur in the course of catarrhal conditions simulated by the surroundings and becoming chronic, the inflammatory conditions being such as to cause perforation.

Inhalation of particles of dust and fumes from chemicals inhaled through the nasal passages not only cause irritation and inflammation, but predispose greatly to catarrhal conditions. The irritation produced causes picking of the nose, ulceration and, later, a perforation. Mitchel reports a case which occurred from the irritation produced by the turbinal touching the septum, causing the patient to pick the nose. Joeplitz has observed that 61 percent of the workmen in a factory of copper-arsenic green have perforations.

The perforations due to climate are observed by those in the middle west, where even passing through the country gives rise to epistaxis. Straw has observed cases of perforation in Wisconsin, which he thought at first to be of a specific nature and, later, on account of the frequency with which he met with the condition and failed to obtain results by treatment, concluded that the severity of the climate was the sole cause.

Non-development of the septum is rare; usually normal development taking place after puberty. Abscess causing perforation may be classed under two heads—those due to trauma and those occurring in the course of inflammatory conditions and disease. Perforations from this cause are usually cartilaginous and recognized before they have extended to any degree and submit readily to treatment.

Perforations occurring during the course of disease are probably most frequently met with, especially those due to the syphilitic process, which are nearly always osseo-cartilaginous. When first recognized they yield readily to treatment, but usually the ulcerative process in the progressive variety has extended over quite a portion of

the septum, and the treatment will only serve to stop the progress of the condition, the perforation remaining permanent.

Tuberculous perforations are comparatively rare, the bacilli usually invading other portions of the body. These perforations do not yield readily to treatment and usually follow the course of the process as it occurs in other parts. In the course of typhoid fever, perforations are sometimes met with, as in other similar conditions. An interesting example of such a perforation is reported by Gelle, who was able to follow the course of the ulcerative process which succeeded to epistaxis. The perforation was preceded by general enfeeblement and thinning of the septum, so that it became unable to resist the picking by the finger nail of the patient.

Perforations occurring from trauma are most frequently observed where careless operators have endeavored to correct a deviation by some of the present methods advocated. From fracture by direct or indirect forces perforation rarely occurs, and in those in which it does no treatment for reduction has been attempted. Cases have been reported where perforation was due to the galvano-cautery. These, however, are rare—the "perforator" not caring to make known his error.

Prognosis.—Ordinarily the cases presented for treatment have extended to such a degree that they are not amenable to treatment. The process has extended and the physician is consulted on account of the irritability produced by the lodgment of crusts, or treatment for some catarrhal condition. It is a surprising fact that many patients who have perforated septums are not aware of the condition.

Perforations occurring idiopathically, which have not extended from disease, are usually closed under suitable treatment and removal of the underlying cause. Closure of the perforation depends entirely upon the time of observation and response to treatment. In syphilitic perforation, if seen early and if vigorous internal treatment be given, together with local applications, favorable results are obtained and the course of the disease is usually brought under control.

Tubercular perforations do not respond readily to treatment. The process does not, however, extend to an advanced degree.

Traumatic perforations, as from fractures and operations, are not as frequent as those produced from disease. The prognosis in these cases occurring from fracture is good compared with those due to operations, not only because they are usually submitted for treatment early, but the parts are united, although there may be deformities of the septum as a result.

Perforations from operative procedures cannot usually be remedied, but it is necessary, however, sometimes to perforate the septum during the course of an operation upon the part.—J. M. Brown M. D. in *The Medical Standard*.

INTRANASAL TREATMENT OF DYSMENORRHEA.—Ephraim (*Allge. Med. Centr. Ztg.*) found that cocainezation of the so-called genital points in the nose was very effective in dysmenorrhea. Within five minutes after the cocainezation the intense pains disappeared for several hours. He has used this treatment in 24 cases, 18 of them proving successful. Of these seven were married. There was only slight congestion of the nasal mucosa in seven and a decided pathologic condition in five, three having an enlarged septum and two a rhinitis. The cocaine produced no effect in the last two cases. Attempts to produce a permanent cure by cauterizing the genital points were less successful. Only four out of eight patients so treated have been free from pain for six months. Bipolar electrolysis is the most effective method, but is objectionable because it is so very painful.

PERISCOPE.

CARDIAC DRUGS AND THE VASOMOTOR TREATMENT.

This paper by Prof. Gottlieb, of Heidelberg, has been specially translated for the *Medical Press and Circular*, July 24, 1901.

Seeing that circulatory disturbances have for result to determine an unequal distribution of blood in the organism, the object of cardiac and vasomotor treatment must be to restore the equilibrium thus destroyed.

Paralysis of the blood vessels due to the insufficient central innervation of the vasomotor centers, causes the blood to flow into the abdominal vessels, while the peripheral vessels and those of the skin and brain are depleted; the pulse is feeble, and the heart only receives an inadequate supply of blood during diastole. This variety of circulatory inadequacy occurs in cases of intoxication resulting from the use of narcotics, and during attacks of infectious disease. In such cases the exhibition of cardiac drugs would generally be without effect, since it is not the strength of the heart that is lacking, but that the quantity of blood which it receives is insufficient. But the blood, withdrawn from the action of the heart and accumulated in the dilated vessels of the abdomen, can be brought back into the general circulation by the use of drugs acting upon the vasomotor system, through which they give rise to contraction of the vessels in the splanchnic area. To obtain this result, strychnine, camphor, and caffeine are prescribed. Much the same result may be obtained by irritating the skin, or by making cold applications.

Cardiac drugs are used for the purpose of restoring the energy of the heart. They increase the volume of systole, and in this manner tend to remedy the defective distribution of the blood in the organism, which is the usual consequence of most complaints of the heart, accompanied by a diminution in the energy of this organ, an accumulation of blood in the venous system and anemia of the arteries.

being the inevitable result of incomplete systole and of insufficient ventricular diastolic aspiration.

Digitalis acts chiefly by strengthening the energy of the heart; its vasomotor effect is of secondary importance. From experiments made on the heart of a frog, it was long since observed that the cardiac systole increases, and that the energy of the ventricular contraction is strengthened under the influence of digitalis. Recently we have succeeded in making the same experiment on warm blooded animals in whom the heart was protected from the variable resistance of the general circulation. We are therefore no longer compelled to base our conclusions on experiments made upon frogs. By isolating the cardio-pulmonary circulation, following the example of Francois-Franck and of E. Hering and Bock, we are enabled to study the action of digitalis on the heart, independently of its effect on the vessels; we can also make use of a separated heart, in which the functions are maintained by an artificial circulation through the coronary vessels. I have been able to afford direct proof by this latter method, that an increase in the volume of the systole takes place, and by the aid of a special arrangement I satisfied myself that after a dose of digitoxin the energy of the ventricle is trebled or quadrupled.

The increase in the volume of the systole is caused more particularly by a more complete contraction of the cardiac muscle; the ventricle emptying itself with greater facility. This action is more important in connection with an ailing heart, since a failing ventricle becomes less capable of getting rid of its contents. Moreover, the slight diminution in the frequency of the pulse, due to the diminution of the pneumogastric, which occurs in addition to the more strictly cardiac effect under the influence of digitalis, has a beneficial influence on the cardiac function. The diastolic aspiration of the blood of the veins into the cardiac cavity is also favorably influenced by this slowing of the pulse. Consequently the efficacy of digitalis becomes very evident in proportion as this slowing effect is manifested. The maximum effect of this treatment corresponds to complete expansion of the ventricles during diastole, plus a maximum contraction during systole. The heart in this way pumps a greater quantity of the blood which is contained in the over-filled veins, and propels it into the bloodless arteries.

All drugs acting in a manner analogous to digitalis have, in addition to the action on the heart, a vaso-constricting effect, as I was able to demonstrate anew in my recent experiments. But the vasomotor action is accessory, from a therapeutical point of view; the important factor in combatting venous stasis is an improvement in the cardiac function. The vascular contraction may be of some utility in the sense that the blood is thereby driven out of the congested portal system into other parts of the vascular system, for, in the first instance, it is principally on the portal vein that the vascular action of digitalis is produced; but, if this contraction exceeds certain limits, its bene-

ficial effect is transformed into one very inimical to the organism, since, in consequence of the rise of arterial resistance, the work of the heart is needlessly increased.

Camphor does not only act on the heart indirectly through the vasomotors, it also directly increases the irritability of the cardiac muscle. Its action on the normal heart is little marked; on the other hand, I was able to convince myself in the case of the rabbit, that under certain pathological conditions, when the heart ceases to beat, it is possible by the application of camphor to combat this momentaneous stoppage and to save the rabbit's life.

Caffeine has a direct effect on the heart, but one quite different from that of digitalis, nor can it be considered as a substitute for the latter. As a matter of fact, it does not increase the functional energy of the healthy heart in cases where the blood tension is normal, but it strengthens the action of the cardiac muscle in the presence of a pathologically high arterial resistance; it may also be useful in cardiac complaints accompanied by a high aortic tension.

Alcohol has not a direct influence over the heart; it acts indirectly on this organ by diminishing the peripheral resistance, when, in consequence of an exaggerated aortic tension, the left ventricle can no longer completely empty itself. In this case it causes the vessels to dilate, and the resistance to diminish, and as a result whereof the heart carries on its work under more favorable conditions, and is enabled to furnish a greater amount of work.

The various cardiac drugs, it will be seen, act on the circulation in quite a different manner to those which act in the vasomotor system. In spite of the difficulties that present themselves in the study of so complicated a mechanism we may hope that by associating clinical observation with experimental pharmacology we may succeed, little by little, in gaining a deeper insight into the nature of the circulatory troubles which present themselves to our notice, and to choose with more discernment the treatments capable of combatting these troubles and of restoring the equilibrium.

DIAGNOSIS AND TREATMENT OF DISEASE.

Everything in the universe is governed by law; both the tangible and the intangible; the material and the spiritual. We are happy, we are sad, we laugh, we cry, not merely by an act of the will, but because there has been some antecedent force that has resulted in producing certain definite effects. So when we come to examine the sick, we are to remember that they are not sick by chance nor accident, but from the violation of some fixed law; and we are to find the forces that have been and are yet at work producing the wrong of function or structure.

It is well for us to remember certain axiomatic truths; the first is that disease is a deviation from health; that every remedy acts upon

some function or structure, and that all change of function may be measured by excess, deficiency or perversion. Having agreed upon these basal principles, let us look for an explanation of the failure in the system where it has failed; as there must be good reasons for it. What must we determine in our examination of the sick before we are prepared to intelligently prescribe for them? Is it to learn whether the patient has small-pox, scarlet fever, measles, pneumonia or dysentery? By no means; and yet, this is precisely what is done in ninety per cent. of cases treated. Determine the disease, and then administer a certain treatment or combination of remedies that has been found useful in said disease, and therefore is given a trial here.

But a brother physician says, "Oh, we have gotten beyond that, we use specifics." And you ask him how he treats pneumonia, and he says: "I give veratrum; for it has been found to be a specific in that disease." Well, how do you treat diphtheria? "Why, with phytolacca; for this has been found to be a sure thing for this disease." How do you treat measles? And he says: "I give them drosera; for this has been proven to be a specific for that disease." And he really thinks he is treating his patients according to specific medication, as his success may have been above the average. Yet, at the same time, he is not practicing specific medication at all. He has not even the first principles of it. He is only prescribing for a disease. It is true, we generally find the full bounding pulse and increased arterial pressure in pneumonia that veratrum will relieve, but we do not always have this condition, and the treatment is only partially successful. Then, after meeting with several failures his faith in specific medication is shaken, and from an ardent advocate he soon becomes a skeptic. But he says, "I prescribe for symptoms, and have been taught that certain symptoms call for certain remedies." Very well, so do we all; but yet, if you overlook the pathologic conditions producing those symptoms and fail to determine the basal lesion, your symptoms will lead you into error. Take gelsemium, for instance. This drug acts upon the cerebral centers, and is sedative. When there is irritation of the brain, there is a determination of blood to the part which manifests itself by a flushed face, bright eyes, contracted pupils, and throbbing of the carotids. Here gelsemium is the remedy. This is plain and simple, and we might say specific. In other words, the practitioner not understanding the pathologic condition of his patient, would succeed by familiarizing himself with the above symptoms.

But take another drug, rhus tox. This also acts mainly upon the cerebro-spinal centers. An irritation occurs and we have the sharp stroke of the pulse, the pain in the left orbit of a burning character, and rhus is the indicated remedy, and in a large per cent. of cases will relieve or cure. Yet we may have these symptoms and fail, and why? Because the irritation that produces these symptoms is not the basal lesion, but secondary.

Sometimes we have, as in fevers and inflammations, some one lesion that underlies all other wrongs ; and by correcting this, the others give way. The wrongs of secretion, innervation and blood-making, are righted by the sedative that controls the heart's action. This seems very simple, yet many have failed to appreciate it.

Many cases of disease may be checked at the very onset by the use of an emetic, as a foul stomach is usually the cause. That condition is frequently made known by a coated tongue and frontal headache. The emetic will evacuate the stomach of its foul contents, of acrid secretions and undigested food, from which cause so frequently proceed febrile symptoms among all classes and at all ages through life. From the fact that the stomach is the receptacle for all food and drinks, it is especially liable to become disordered and its functions impaired from many sources, and is usually the first organ of the system to become diseased.

As we are to a great extent responsible for our health, our own course of life, our habits and the influences under which we place ourselves, shape our destiny to a greater or less extent ; and we who would live in the enjoyment of all that is our privilege to enjoy here and in the world to come, must obey God's laws (or nature's laws, as philosophers say)—both physical and moral.—J. L. WOLFE, M. D.,
in Med. Council.

Thyroiditis Complicating Typhoid Fever.

W. E. Robertson, M. D., in the *Amer. Jour. Med. Sciences*, Jan. 1902, gives a resume of this complication. He says it is not uncommon in localities where goitre is endemic, it being an acute condition in previous hypertrophied glands. It is then known as strumitis acuta. Various classifications of the disease are given ; he prefers that into the simple and suppurative, the former terminating in resolution. The condition is admittedly rare. It occurs most frequently in females between the second and third decades ; rarely in previously healthy persons, sometimes as a result of traumatism, usually as a metastasis, during or following an attack of typhoid fever, diphtheria, influenza, rheumatic fever, malaria, erysipelas, puerperal fever, sepsis, orchitis or parotitis.

The traumatic and metastatic forms almost invariably terminate in suppuration, except those occurring in the course of rheumatic fever or malaria. Reports of epidemics and individual cases gleaned from various writers follow. The statement is then made that it is more frequently met with as a complication of typhoid fever, and that in the majority of cases goes on to suppuration. The fact should not be lost sight of that it is a rare condition, as the statistics quoted amply prove. Reports of more cases follow, gleaned from his own and others' experience, with these distinguishing features or symptoms : chill, elevation of temperature, constriction about the throat, dys-

phagia, slight dyspnea. He considers the prognosis favorable. The treatment is ice locally for the simple variety; for the suppurative form, hot fomentations and the evacuation of the pus.

[We have met with three cases of acute thyroiditis. My first case occurred as a complication of typhoid fever. The case proved fatal on the seventh day. On the third, after a chill and sudden elevation of the temperature accompanied by vomiting, the parotids and thyroid glands were found swollen; the swelling attained considerable size, but never exhibited any signs of suppuration. The patient was a young woman of about 25 years of age. The second case occurred as a complication of an acute osteo myelitis. The swelling of the gland was noticed on the third day; the patient was a boy of sixteen. The osteo myelitis was the result of traumatism; the temperature reached 105, pulse 130, patient comatose. The swelling of the thyroid caused some dysphagia and dyspnea. If any other symptoms were caused by the swollen gland, they could not be differentiated on account of the condition of the patient. It terminated in resolution.

My third case occurred as a complication of an acute suppuration of the middle ear. This was no doubt a case of metastasis, as was the second case. The symptoms attributed to the swollen thyroid were dysphagia, dyspnea, only slight however, and husky voice. The thyroid assumed an enormous size, and although metastatic abscesses formed in other localities, the inflammation of the thyroid terminated in resolution. The second and third cases were no doubt the result of sepsis.—W. N. M.]

Conditions of Stools in Infants.

Much may be learned by a careful inspection of the stools of infants with reference to increasing or diminishing the various kinds of food. The normal infant stool is smooth, yellow, homogeneous and about the consistency of thin mush. The following may be considered abnormal types:

1. *Green Stool*.—Stools can only be considered green when that condition is evident immediately upon their passage. They are due to a fermentation, which is doubtless the result of bacterial action. All stools become green a certain time after passage, caused by oxidation of the air.

2. *Curdy Stools*.—Curdy lumps may be produced by undigested casein or fat. The former are hard and yellowish, while the latter are soft and smooth, like butter.

3. *Slimy Stools*.—These are the result of catarrhal inflammation. When the mucus is mixed with fecal matter, the irritation is high up in the bowels, but when flakes or masses of mucus are passed, the trouble is near the outlet.

4. *Yellow Stools*.—Are seen in depressed nervous conditions, especially in the hot days of summer, when the bowel is relaxed, and

the inhibitory fibres of the splanchnic nerve do not act to advantage.

5. *Very Foul Stools*.—Are caused by decomposition of the albuminoid principles of the food.

6. *Profuse, Colorless, Watery Stools*.—With little fecal matter, are doubtless caused by an infective germ, akin to that of Asiatic cholera. This is known as cholera infantum.

It is rare to see one of these types by itself. With the exception of the last, they may be seen in all combinations.—*Chapin, Jour. Amer. Med. Association.*

USE AND ABUSE OF CARDIAC STIMULANTS.

Dr. H. A. Hare (*Therapeutic Gazette*) has the following sensible paper on heart stimulants. We recommend its careful perusal to all who have a tendency to prescribe digitalis when a patient comes into the office complaining of heart trouble. He says:

My object in writing this paper is to call attention to the very common disregard of certain essential details concerning the action of this important class of drugs. There can be no doubt that their activities are often misunderstood and misapplied, and there is probably no class of patients which suffer more from their irrational use than physicians themselves. I make this statement because I frequently see physicians who present themselves as patients suffering from disordered cardiac action, firmly convinced in some cases that they have grave heart trouble, and in whom most of the symptoms which present themselves are due to the excessive use of digitalis. In many instances the history of the patient is, that being somewhat tired out by the exertions of their work, they began to have "tired hearts." This condition resulted in some palpitation on exertion, or other symptom which pointed to cardiac disorder, and recourse was had to the digitalis bottle with a generosity in dosage which was excessive and apparently based on the theory of some laymen that "if a little is good more will be better." As the heart does not need digitalis, but rest, it is but temporarily benefited, if at all, and the dose is increased still further. Finally marked irregularity in rhythm is produced by the excessive action of the remedy, and the introspective physician becomes convinced that the malady is serious, and concludes that his race is run. Only after another physician is called in, is the real cause of the disorder recognized and relieved. Not uncommonly the cardiac distress is augmented by the fact that the physician has attempted, while actively at work, to keep up his energies by liberal potations of strong coffee provided for him at home or by patient's friends. Here again the result is disastrous, because the tired nervous system and heart are spurred to increased endeavor at a time when they demand and should have rest.

For the sake of the physician and his patient, therefore, it would seem wise to recall the fact that the best medicine for a tired heart is

rest, not stimulants, except they be conjoined with rest, and that a little patience as to the time of recovery should be exercised instead of attempting to hurry the recovery by large doses which overstimulate before it is possible for the process of repair to be complete.

The matter of rest for the heart is too often overlooked and ignored, and it is forgotten that this viscus, although designed to work constantly, is often exhausted almost to the border of break-down.

Not only is rest needed for the tired but otherwise healthy heart, but it is even more needful in cases in which there is cardiac break-down, actual or threatened, in cases already suffering from grave valvular lesions. The cardiac stimulants are sometimes expected to perform miracles, although the patient pursues the same mode of life as before. This is in reality an abuse of a drug, since it is being used to do something which is practically impossible.

Another erroneous use of cardiac stimulants is their employment when it may be that a state of undue excitation is present, and that cardiac sedatives are needed. Not uncommonly in some cases of cardiac irregularity the use of small doses of aconite or veratrum viride will produce the results desired.

Again, this class of drugs are often given without due regard to the exact state they are expected to meet. A patient with a feeble heart receives digitalis, it may be, to overcome this feebleness; when in reality the cause of this feebleness lies in a degenerated heart muscle which is incapable of gaining any advantage from this drug, and the drug, by contracting the blood vessels, actually increases the labor of the heart. Under these circumstances, if any drug is used it should be one like strophanthus or cactus, the action of which is cardiac, and but slightly, if at all, vascular.

Then too, it is not rare to find digitalis given in full doses to cases of failing heart, when the chief cause of the failure does not lie in the heart itself, but because there is a state of high arterial spasm or atheroma, which, by preventing the easy flow of blood in the arteries, gives the heart an immense amount of work to perform. In such cases, if digitalis is given for the heart muscle, its vascular effect and the already existing abnormal tension must be simultaneously relieved by the use of vascular relaxants, such as the nitrites.

Finally, in all heart disorders, it is well before using powerful heart tonics, to make a determined effort to discover if any cause exists which may be removed, and thereby really cure the condition. Not rarely the prohibition of the excessive use of tobacco, of alcoholic drinks, of excessive feeding or sexual excitement, will be the means of dispensing with the cardiac tonic, when without these prohibitions the remedy will be useless.

MEDICAL APHORISMS.

A correspondent signing himself "Artz" sends to the *Canada Lancet* the following professional aphorisms of Amedee Latour.

1. Life is short, patients fastidious, and the brethren deceptive.
2. Practice is a field of which tact is the manure.
3. Patients are comparable to flannel—neither can be quitted without danger.
4. The physician who absents himself runs the same risk as the lover who leaves his mistress; he is pretty sure to find himself supplanted.
5. Would you rid yourself of a tiresome patient, present your bill.
6. The patient who pays his attendant is but exacting; he who does not is a despot.
7. The physician who depends upon the gratitude of his patient for his fee is like the traveler who waited upon the bank of a river until it would finish flowing that he might cross to the other side.
8. Modesty, simplicity, truthfulness!—cleansing virtues everywhere but at the bedside; there simplicity is construed as hesitation, modesty as want of confidence, truth as impoliteness.
9. Remember always to appear to do something—above all when you are doing nothing.

PHYTOLACCA.—The advantages of phytolacca in various conditions are enumerated by Shoemaker, and he names the preferable preparations, the fluid extract and tincture, the dose of which ranges from five minims to a fluid drachm. It is very depressing if given in too large dose, and it is an undesirable remedy as an emetic. Its effects are of value as an alterative in certain constitutional maladies. It has a use in puerperal mastitis, and engorgement and inflammation of the lymphatic glands, in seborrhea, violent inflammation, acute eczema and tonsillitis, and has a field of usefulness in syphilis. It has also been of value in chronic rheumatism, and some physicians recommend it in cases of inoperative cancer as retarding the growth. He thinks the profession generally should give the remedy a more careful study than it has perhaps received.—*Med. Record.*

DANGERS OF DIGITALIS.—The heart tonics of the digitalis group should never be used during the stage of cardiac hypertrophy. Digitalis and its congeners are only admissible when there is indication of failing compensation. In employing digitalis, its vaso-constrictor action must be borne in mind and provided against, or the peripheral resistance may be dangerously augmented. This is best accomplished by the simultaneous administration of a vaso-dilator. A good practice is to give the vaso dilator about one hour after the digitalis. The latter is slowly absorbed, while the vaso-dilators are, without exception, quickly diffusible, and by this arrangement of administration the maximum effect of each falls together and control of tension is secured.—*Amer. Practitioner and News.*

DOWIEISM.

The Dowie movement in Chicago is another manifestation of the epidemic of credulity which has marked the present time. Some of the statements of Dowie are equaled only by the announcements of the priests of Christian Science. Some little time ago Dowie, while addressing an audience of over 5000 people, proclaimed himself to be the "Elijah" who had appeared "first, as Elijah himself; second, as John the Baptist, and who now comes on me, the Restorer of all things." Three thousand people rose to their feet and cheered this declaration. A little later he furiously arraigned the medical profession for their antagonism to himself and lack of faith in spiritual force applied to healing of disease, and asked those who had been healed by prayer since they had joined "Zion" to stand up. Over two thousand people responded. Whatever of healing has been accomplished in "Zion" is of the same kind as that wrought by Christian Science and similar forms of faith cure. There is nothing new about it, and it is thoroughly understood by the medical profession. While Dowiemism will probably soon die out, as similar movements have done before, it shows clearly the immense power of a positive and dogmatic assertion of belief as against the shadowy statements of modern skepticism.—*N. Am. Jour. Hom.*

Some Remedies in South Africa.

A surgeon at the front sends an interesting letter to the *Homeopathic World*, detailing the action of certain drugs used in army troubles. He devotes a large portion of his letter to geranium and its efficacy in dysentery. The disease is rarely fatal. The onset is mild, beginning with a slight diarrhea, without high temperature or any other symptom except that in some cases the desire to defecate is peculiarly violent. Severe tenesmus is absent, the stools are fair in quantity and do not diminish down to a slight streak of mucus and blood. The temperature seldom rises; it is more likely to be subnormal. In two or three days' time if the patient looks carefully he will notice he is passing a small quantity of mucus of the consistency and appearance of arrowroot. This is the stage of the disease when geranium acted magically. The drug was used in the form of a decoction; gtt. v to x given three times a day cured in nearly all cases. The common red geranium of the garden was used, the root being cut into strips and boiled. Another remedy mentioned for the same trouble is monsonia, but his experience with it is as yet very limited.

FOR CARDIAC MYOPATHIC PAIN.—Solis-Cohen, in *American Medicine*, states that *cactus grandiflorus* helps to steady the distended heart, especially when there is a neurotic element, and is of particular service in relieving precordial distress of myopathic origin. It is peculiarly applicable in rheumatic and lithemic subjects.

HYDRIATIC TREATMENT IN GONORRHEA.—Many of the sequelæ of gonorrhœa have been directly traced to the use of harsh remedies in treatment, such as a very strong solution of nitrate of silver, and other irritating drugs. The bad effects resulting from diluted solutions of mercuric bichloride, and other metallic salts, are often surprisingly great. It is a fact worth knowing, that all these irritants may be dispensed with. Most satisfactory results may be obtained by the irrigation of the urethra with a simple one-per-cent. solution of common salt. The solution should be boiled for twenty minutes, then cooled to the proper temperature. Injection should be begun at a temperature of about 100, the temperature being gradually increased to 120°, or as hot as can be borne. Care should be taken not to increase the temperature too rapidly. If possible, raise the temperature to about 120° or even 130°. The high temperature is, of course not intended to be sufficient to destroy the micro-organisms, but to cleanse the tissues, and at the same time to increase the vital resistance, so that the tissues are able to destroy the micrococci.—*Mod. Medicine*

POST OPERATIVE HERNIA.—Post-operative hernia is much more apt to occur after drainage of the abdominal wound. The kind of suture material employed has a definite influence in the formation of post-operative hernia; the method of closing the abdominal wound; the tension on the wound, as in cases with excess of omental fat; the length of time that the patient is kept in the recumbent position; the length of the incision.

There can be no question that post-operative hernia often occurs from the atonic conditions of muscular tissue resulting from cutting off the nerve supply—therefore, all abdominal incisions, not in or near the median line should be made, so far as practicable, parallel with and not transversely to the principal nerve branches.—*Medical and Surgical Era.*

LILUM TIGRINUM IN UTERINE DISEASE.—The provings of lily are rich in uterine symptoms, and its curative virtues in various disorders of this organ have been repeatedly verified. It causes pressure, heaviness and other symptoms of uterine congestion, and this has led to its remarkably successful use in chromic metritis, and consequent uterine displacements. It is more especially useful in version with great pressure against the rectum, causing constipation, and, to a less extent, against the bladder, causing vesical irritation.—*Prof. A. C. Cooperthwaite.*

MILLEFOLIUM.—Millefolium is one of the remedies that should not be forgotten in hemorrhages whether from the lungs, uterus or bowels; passive hemorrhage of a bright red color; particularly in constitutions characterized by lack of tone. Hemorrhages from the womb resulting from severe physical exertion, such as over lifting; following miscarriage. Flow is painless and passive.

Eclectic Medical Institute

(Complete Announcement may be obtained by addressing the Secretary.)

BOARD OF TRUSTEES.

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*Professor of Obstetrics, Gynaecology, and Pediatrics, and
Clinical Diseases of Women and Children.*

LYMAN WATKINS, M. D., Blanchester, O.

Professor of Pathology and Physiology.

* Arranged in order of seniority of appointment.

W. L. DICKSON, A. M., LL.D., 703 Union Trust Building, City.

Professor of Medical Jurisprudence.

HARVEY W. FELTER, M. D., 1733 Chase st., Northside, City,

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BISHOP McMILLEN, M. D., Columbus, O.

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Professor of Clinical Surgery and Operative Gynaecology.

JOHN R. SPENCER, M. D., 952 West Eighth street, City,

Professor of Electro-Therapeutics, Hygiene, and Physical Diagnosis.

KENT O. FOLTZ, M. D., 105 Odd Fellows' Building, City,

Professor of Didactic and Clinical Ophthalmology, Otology, Rhinology, and Laryngology.

GEORGE W. BROWN, M. D., 229 E. Fifth st., Newport, Ky.

Demonstrator of Histology, Pathology, and Bacteriology.

EMERSON VENABLE, A. B., 3649 Vineyard Place, City,

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W. E. BLOYER, M. D.

Clinical Instructor in Medicine.

J. A. JEANCON, M. D.

Clinical Instructor in Venereal Diseases and Diseases of the Chest.

KENT O. FOLTZ, M. D.

Clinical Instructor in Diseases of the Eye, Ear, Nose and Throat.

ANNOUNCEMENT.

Session of 1902-1903.

NOTE.—These regulations refer particularly to new students and graduates of the years 1903, 1904, 1905, and 1906.

Fifty-Eighth Annual Session.

The fifty-eighth Annual Session of the Eclectic Medical Institute will begin on Monday, September 22, 1902, and continue twenty-eight weeks, until April 14, 1903.

Entrance Examination.

An entrance examination will be held on Saturday, September 20, at 9 A. M., for students entering the college who are not able to furnish the necessary credentials as required by the regulations. (See page 331). This will include the following:

1. An English composition of not less than 200 words.
2. Higher Arithmetic.
3. United States History.
4. Geography.
- *5. Elementary Physics.
- *6. Latin Prose.

Students conditioned in one or more of the branches enumerated above, will be given until the beginning of the second year to make up such deficiencies, provided that students who fail in any of the required branches of this second examination shall not be admitted to a second course.

Examinations to determine the standing of students who have attended elsewhere, and for removing conditions of first, second, or third year students, will be held by the respective professors Sept. 19 & 20.

Students who have attended two or three sessions elsewhere will be examined in Anatomy, Chemistry, Physiology, Principles of Medicine, Hygiene, and Materia Medica. Students passing a majority of these subjects will be entitled to enter, and make up the deficiencies in addition to the regular year's work. Pass grades will be accepted from certain accredited medical colleges.

† This examination can be conducted elsewhere by the examiner of the faculty of a recognized literary or scientific College or University, or by the State Superintendent of Instruction, or a Principal of a High School. The regulations governing the entrance qualifications of students who desire to practice medicine subsequently in the State of Ohio, as prescribed by the rules of the Ohio State Board of Medical Registration and Examination, can be found on page 331.

*Students can pursue these branches the first year in college.

Graduates of accredited medical colleges will be admitted to the senior year without examination.

Term Examinations.

Throughout the course, daily examinations or quizzes are held by the Professors, thus aiding the student's memory, and assuring his continued advancement. The Freshman, Sophomore, Junior, and Senior examinations will be held in writing, beginning April 1, and at no other time. Candidates for graduation can be examined only at this time.

No Private Quiz Classes.

All the instruction in this college is given in the regular lectures, and regular, every day quizzes. No private classes for which students must pay an additional fee, are allowed. There are no special courses to add to the student's expense. In many colleges the "extras" are said to approach the cost of regular tuition.

Reading Medicine.

It is our experience that the sooner the student attends his first course of lectures the better he will read medicine in the physician's office. In the college he learns how to study and what to study, and will usually make as much progress in one session as in three years of ordinary reading. Our best students are those who commence with a course of lectures, and continue their attendance session after session until graduation. Some very successful physicians received their entire education in the college, without any office instructions.

It is quite advisable for students to take a short course of study under a preceptor at home, or medical reading without the help of a physician, and they are earnestly advised to confine themselves to the following text-books:

1. Elementary Physics—*Steele's Popular Physics.*
2. Chemistry—*Lloyd's Chemistry of Medicines.*
3. Physiology—elementary parts, circulation, respiration, etc—
Kirke's Hand-book of Physiology.
4. Osteology and General Anatomy—*Gray.*
5. Specific Diagnosis and Specific Medication—*Scudder.*
6. Materia Medica—*Locke.*
7. Latin—*Robinson's Latin Grammar of Medicine and Pharmacy.*

State Laws.

Each matriculate must study medicine four years, and take four annual courses of lectures of at least six months each, before he can practice medicine in Arkansas, Colorado, Kentucky, Kansas, Michigan, Missouri, Nebraska, Oklahoma, South Dakota, Texas, Wisconsin and Wyoming.

No graduate can practice medicine in Alabama, Arizona, Connecticut, California, Delaware, District of Columbia, Florida, Georgia,

Hawaii, Idaho, Indiana, Illinois, Indian Territory, Iowa, Louisiana, Massachusetts, Maine, Mississippi, Minnesota, Maryland, Montana, New Hampshire, New Jersey, New York, New Mexico, N. Carolina, N. Dakota, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Utah, Vermont, Virginia, Washington, or West Virginia, without undergoing an examination before a state board, in addition to having the requirements before mentioned. Our diplomas are recognized, and are everywhere on an equality with those of any college in the United States. Other States will probably enact similar laws.

FEES.

For Single Session's Tuition \$75.00

Chemical Laboratory Course Free

Histological and Pathological Course Free

No extra charge for matriculation or demonstrator's fees, or
for dissecting material.

Scholarship Fee \$250.00

(This includes all the foregoing, and is good for four or more sessions. It can be paid in three installments; at the beginning of the first session, \$100.00; second session, \$100.00; third session, \$50.00. It is transferable for two sessions if the holder has matriculated for one session; or transferable for one session if he has matriculated for two sessions.)

Graduation Fee (returnable in case of failure) 25.00

Cincinnati Hospital Ticket 5.00

One Session's Tuition to graduates of a recognized medical college, including graduation fee 75.00

Same without re-graduation 50.00

The fees are cash in all cases.†

System of Scholarships.

That there should be no excuse for poor attainments and possible failure, this College has provided a system of scholarships, which enables the student, at a moderate cost, to attend college until he is thoroughly prepared. Not only this, but a full seven months course of instruction each year is provided, with apparatus and instruction in the use of the same by earnest, educated teachers who assist at every step. The scholarship of \$250.00 includes all the fees for lectures, demonstrator's fees in anatomy, chemistry, and microscopy. This scholarship is transferable under the conditions previously noted.

Hospital and Clinical Facilities.

Students have two hours of clinical instruction daily in the Cincinnati Hospital. In addition to this there will be clinical instruction two hours in the college building daily, upon diseases of the eye,

† Under no circumstances are fees returnable. Single session tickets are not transferable. Students can, however, make up lost time in any future session without extra charge.

ear, nose, and throat, diseases of the skin, medical and surgical diseases of women and children, general surgery and medicine, and physical diagnosis.

Facilities for the care of surgical patients have been provided, and operations will be performed before the class. Physicians will recollect that all medical treatment before the class is free from charge, and that, in surgical cases, the charge will only be sufficient to cover the necessary attendance after operations.

The Seton Hospital, constructed at an expense of \$90,000, is conducted by the Sisters of Charity, and is located at 640 West Eighth street, near Cutter. The building, a large stone-front structure, is located on a lot fronting 63 feet on Eighth street, and running 200 feet through to Ninth street, thus giving a double street frontage and excellent light and ventilation.

The Eclectic Medical Institute added a three-story wing to the building, consisting of twelve rooms, a fine modern operating room and clinical amphitheater for the presentation of medical and surgical cases before the College classes. In this operating amphitheater cases are brought exclusively before students of our College, thus affording us an excellent opportunity to demonstrate the many advantages of Eclectic medication and the exactness of our surgeons. Demonstrations before the class take place Wednesdays and Saturdays throughout the College year, and at other times by appointment.

Seton Hospital is heated by steam. It has hard wood floors and open plumbing and most excellent sanitary arrangements, insuring good accommodations for patients. All classes of cases will be taken, barring of course contagious diseases. There are no wards in the Hospital, each patient having the benefit of his own exclusive room. The total cost of room, board and nursing ranges from \$7.00 to \$20.00 per week.

A limited number of charity cases will be taken. The medical and surgical service furnished by the various members of the faculty of this College is absolutely free, where the patients contribute in a clinical way to our classes.

Information regarding rooms and board can be secured by addressing John K. Scudder, M. D., 1009 Plum street, Cincinnati, O.

Clinical Amphitheater.

Owing to the rapid growth and enlargement of the dispensary service, the room formerly devoted to clinical purposes became too small, and a large amphitheater was constructed in 1894; the basement and first floors of the college building have been remodeled, fitted up for clinical use, and supplied with all the modern appliances for the examination of patients, and for systematic clinical instruction.

Dissections.

Under the new anatomical act dissections are legalized in this State, and the bodies of persons from public institutions are given to the medical colleges. Dissecting material will be abundant the coming winter, and students will be enabled to make three or more dissections.

Library.

The library of the Institute, containing several thousand volumes, was destroyed at the time of the burning of the old building. A new working library of five hundred volumes is now at the command of the students. Open Wedneeadays at 1:30 p. m. Books can be kept one week for reference. The Secretary will also procure books from the public and Lloyd libraries for the use of students. The latter is located but a few doors from the College, and its priceless collection is housed in a beautiful building, newly constructed specially for library purposes. It comprises the largest and most complete collection of books and pamphlets devoted to botany, pharmacy, general and pharmaceutical chemistry, *materia medica*, and irregular medicine, so called, in the world. Its Eclecticana is the most extensive extant. An herbarium representing all parts of the world, and comprising upwards of thirty thousand species, in bound volumes, is a treasure in itself. Besides these it contains a very large mycological collection, comprising between 4,000 and 5,000 specimens, the fleshy fungi being preserved in alcohol in jars. It embodies much mycological literature and a complete pharmacological museum. An entomological collection is soon to be added. This library contains between 15,000 and 20,000 volumes and pamphlets, and is the creation of John Uri Lloyd, scientist and literateur, and Curtis Gates Lloyd, botanist and mycologist. It is incorporated, is free to the public, and is pledged to be donated intact to science.



LLOYD LIBRARY.

Y. M. C. A.

The college department of the Young Men's Christian Association meets once a week in the College, at which speakers of public note address the meeting. All students are eligible to membership. New students are especially invited. A bureau of information for assisting new students in procuring rooms, etc., can be found at the College. There will be a committee of students at the college during the week previous to the opening of the session, to aid new students in securing suitable rooms, boarding, etc. This committee will arrange to meet students at the railroad depots, if the time of arrival is sent to the President of the Y. M. C. A., Mr. C. W. Beaman, 1009 Plum street.

Boarding.

We take special pains to select boarding in private boarding houses, where students will have all the comforts of a home, and at the same time have a quiet room in which to pursue their studies. Board and room can be had at from \$3.00 to \$5.00 per week. To accommodate those of limited means, rooms can be procured in which students can board themselves, bringing their expenses below three dollars per week. Those who intend to pursue this latter course will do well to write two or three weeks in advance, and bring a sufficient quantity of bed covering.

Information.

Students arriving by railroad will do well to take the omnibus ticket and have their baggage taken immediately to the college building, Court and Plum streets, where they will get all necessary information in regard to board and matriculation.

Letters to students must be addressed, "Care of Eclectic Medical Institute, No. 1009 Plum street." But money packages by express, and letters containing valuables, should be addressed to the care of John K. Scudder, M. D., thus preventing trouble in identification and danger of loss. Arrangements have been made with the City Hall Bank to receive on deposit the money of students. The attention of the student is particularly called to this paragraph, as it may save much trouble if not actual loss.

For further information address—

JOHN K. SCUDDER, M. D., SECRETARY,

1009 Plum st, Cincinnati, O.

Long Distance Telephone Main 2062.

REGULATIONS.

Requirements of Entrance—Certificate of Study.

For matriculation the Faculty requires :

1. A certificate of good moral character.
2. Diploma of graduation from graded high school, literary or scientific college or university, a first grade teacher's certificate, or evidence of having passed the matriculation examination to a recognized literary or scientific college.
3. Students desiring to practice in New York must obtain a Regent's medical student's certificate, to be obtained on credentials or by examination, from the Examination Department, University of the State of New York, Albany.
4. Students desiring to practice in Ohio must be governed for entrance by the Ohio law and the rules and regulations of the Ohio State Board of Medical Registration.†

Students must have an elementary knowledge of Latin.*

Students matriculating for subsequent practice in states other than New York or Ohio, and who lack one of the foregoing educational qualifications, may take an Examination before the Faculty Committee, as follows :

1. An English composition of not less than 200 words.
2. Higher Arithmetic.
3. United States History.
4. Geography.
- *5. Elementary Physics.
- *6. Latin Prose.

† Matriculates who will be applicants for registration in the State of Ohio must possess :
A diploma from a reputable college granting the degree of A. B., B. S., or equivalent degree.

A diploma from a normal school, high school or seminary, legally constituted, issued after four years of study.

A teacher's permanent or life certificate.

A medical student's certificate issued upon examination by any State Board.

A student's certificate of examination for admission to the Freshman class of a reputable literary or scientific college.

A certificate of his having passed an examination conducted under the direction of the State Board of Medical Registration and Examination of Ohio, by certified examiners, none of whom shall be either directly or indirectly connected with a medical college.

This latter examination will be held by Prof. E. W. Coy, at Hughes' High School Building, September 26th and 27th, for Cincinnati students. The examination will embrace : 1. Orthography. 2. English grammar. 3. English composition. 4. Geography. 5. Rhetoric. 6. Latin (one year's study). 7. Arithmetic. 8. Algebra through simple equations. 9. Physic. 10. Botany. 11. United States History.

Further particulars will be sent on request.

*Students who cannot offer Latin or Physics will be given an opportunity of studying same during the first year at the college under a competent instructor without charge.

Students conditioned in one or more of the branches enumerated above will be given until the beginning of the second year to make up such deficiencies, provided that students who fail in any of the required branches of this second examination shall not be admitted to a second course. These requirements for admission are in accord with those of the American Medical College Association, the Homeopathic College Association, and the National Confederation of Eclectic Medical Colleges, and the minimum requirements of the several State Boards of Medical Registration.

Graduates in (a) dentistry or (b) pharmacy, (c) a recognized literary college, and (d) students who have attended one annual session at an accredited medical college, are admitted as second year students.

Students who have attended two annual sessions elsewhere are admitted to the third year course on passing examinations of the first and second years' work. Graduates of accredited medical colleges are admitted to the fourth year without examination. (See page 326.)

For Graduation.

Students applying for graduation must be at least twenty-one years of age, and must have read medicine four years, and attended four annual sessions of not less than twenty-six weeks each, the last of which, at least, must have been in this college.*

Time of reading includes college attendance. All students must have taken the chemical, histological, and pathological laboratory courses, attended the clinical lectures in the Cincinnati Hospital during two sessions, the college clinics during at least two sessions, have dissected at least half of a cadaver, and taken the practical course in obstetrics and surgery. The candidate must notify the dean six weeks prior to the end of the session of his intention to take the final examinations, must submit an original thesis on some subject pertaining to medicine (embracing from ten to forty pages of thesis paper), must have previously paid all fees, must at this time deposit the graduation fee (returnable in case of failure), and must pass satisfactorily the term as well as the final examinations.†

The judgment of the faculty upon the fitness of candidates is based on their knowledge of their general attendance, industry, character, and general habits, as well as upon the results of their final examinations.

A rejected candidate may be re-examined, at the discretion of the Faculty, after having attended a half or full additional session. Each graduate, at the close of the session, will be required to attend the Commencement exercises, and personally receive his diploma. No honorary diplomas are issued by the Eclectic Medical Institute.

* To constitute a full term or session the absence should not exceed one month in the aggregate.

† Students who have matriculated here in years past can not, under any circumstances, claim graduation under requirements then in force.

Commencement Exercises.

General arrangements in regard to the Commencement Exercises are left to a majority vote of the class. But all action in regard to invitations, class pictures, or wearing of capes and gowns, is subject to the approval of the Faculty Committee. The entire class must comply with all the established regulations made by the majority of the class for the commencement exercises.

Rules Governing the Standing of Students and Examinations.

1. The standing of each student in each chair will be determined by the professor or instructor in charge of the chair, and the grade will be made up from the marks received during the session in oral quizzes, in written quizzes, and final term examination.

2. The grades will be made upon the scale of 100. 90 to 100, passed with distinction; 80 to 90, passed well; 70 to 80, passed; 60 to 70, conditioned; below 60 failed. The passing mark from one year to another will be a general average of 70 per cent.

3. Students of the first, second, and third years, who are conditioned, must have a written examination in those branches in which they are deficient, immediately before the opening of the succeeding session, upon the date mentioned in the calendar. If the student fail upon any branch at the written examination, he shall be required to repeat the study of the preceding year.

4. There shall be no re-examination of unsuccessful candidates for the degree of M. D. until the close of the ensuing session, and the said candidate will be required to attend the instruction during a subsequent session on such branches as may be determined, before he will be eligible for re-examination.

5. Candidates for examination must secure a general average of 75 per cent., the final examination in each branch for the entire course being considered on the basis of hours per week.

Rules of Conduct.

1. Students are required to observe such rules of decorum and orderly conduct in the lecture rooms, laboratories, and halls of the college, as would be expected of a gentleman.

2. All students are required to be regular in their attendance and in their seats in the lecture room at the proper time, in order that there may be no interruption after the entrance of professor or lecturer.

3. Smoking in any part of the building except in the dissecting room, is not permitted.

4. Defacing the walls or furniture in any manner is strictly prohibited.

5. All damages done to the college property must be made good by the individual doing the damage.

6. Students will be assigned seats on matriculation, for the good care of which they will be personally responsible.

7. Infringement of these rules will subject the student to a private reprimand, to a public reprimand, or temporary suspension, by the Dean, as the nature of the case in his judgment requires, or expulsion from the college, when concurred in by the Trustees.

LIST OF MATRICULATES.

SENIORS—Class of 1902.

NAMES.	PRECEPTOR.	STATE.
Amidon, Charles S.....	Dr. M. W. Dawley,	N. York.
Arndt, Dan. C.....	Dr. S. H. Spencer,	Ohio.
Baldridge, Odus.....	Dr. J. H. Baldridge,	Indiana.
*Barclay, Arthur O.....	Dr. P. F. Shaffer,	Penn'a.
Barrett, Ralph R.....	Dr. J. H. McElHinney,	Ohio.
Burnett, John A.....	Dr. O. P. McHenry,	Ohio.
Cooper, Charles J.....	E. M. Institute,	Illinois.
*Cooper, Susan R.....	E. M. Institute,	Illinois.
Estell, John D.....	Dr. T. K. Dawson,	Ohio.
Hunter, Roy C., Ph.G.....	Dr. F. C. Hunter,	Ohio.
Hurst, Jonas L.....	Dr. George A. Hurst,	Ohio.
Kettenhorn, Frederick,.....	Dr. W. A. R. Tenney,	Ohio.
Kent, Guy J.....	Dr. Austin Shuey,	Ohio.
Kirk, Charles H.....	E. M. Institute,	Penn'a.
*Knapp, George H.....	Dr. L. Watkins,	Ohio.
Livingston, Wm. W.....	Dr. F. J. Livingston,	Penn'a.
Livingston, Edythe R.....	Dr. R. O. Ratta,	Penn'a.
Markee, Henry.....	Dr. W. D. Wade,	Illinoia.
Martin, Albert B.....	E. M. Institute,	Illinois.
Martin, Harry P.....	E. M. Institute,	Illinois.
Miller, Allen M., M.D.....	Practitioner,	Florida.
Miller, Harry H.....	Dr. C. R. Bittner,	Penn'a.
Miller, Willie C.....	Dr. A. M. Zebold,	Ohio.
Morris, Elmer E., D.D.S.....	Dr. W. C. Shriner,	Ohio.
Morse, George, B.S.....	Dr. J. A. Swem,	Illinois.
*Patterson, Carl G.....	Dr. J. Dellett,	Indiana.
Ralston, Oscar.....	Dr. J. A. Glasgow,	Ohio.
Rankin, John S.....	Dr. W. L. Bullis,	Iowa.
Riggs, Alphonso,.....	Dr. T. H. Greenough,	Ohio.
Schenk, George H.....	Dr. W. F. Schenk,	Indiana.
Shaulis, Edward F.....	Dr. C. R. Bittner,	Penn'a.
Shrader, Clinton O.....	Dr. I. M. Shrader,	Ohio.
Swartzwelder, Albert L.....	Dr. James W. Hartigan,	Indiana.
Thiel, Jacob W.....	Dr. W. O. C. Harding,	Ohio.
Wachtendorf, Fred. G.....	E. M. Institute,	Ohio.
Wrightman, Andrew E.....	E. M. Institute,	N. York.
Total, 36.		

° Visiting Internes Seton Hospital, 1901—1902.

JUNIORS—Class of 1903.

NAMES.	PRECEPTOR.	STATE.
Asbury, Will, Ph.G.....	E. M. Institute,	Indiana.
Austin, Howard H.,.....	Dr. J. M. Austin,	Ohio.
**Beaman, Charles, W.....	E. M. Institute,	D. C.
Bogart, Walter S.....	Dr. W. C. Cooper,	Ohio.
Bondley, Charles J.....	Dr. A. Shuey,	Ohio.
Buehrer, Emil.....	Dr. W. L. Snyder,	Ohio.
Callihan, William R.....	Dr. C. S. Callihan,	Kentucky
Carey, William W.....	E. M. Institute,	Ohio.
Chamberlain, Zenas R.....	Dr. J. E. Brooke,	Ohio.
Christman, Jacob H.....	Dr. W. A. Latimore,	Penn'a.
†Cutright, Dennis M.....	Practitioner,	W. Va.
Edwards, David H.....	Dr. E. J. Dech,	Penn'a.
Freidline, Clarence L.....	Dr. C. R. Bittner,	Penn'a.
Grimes, Rollo J.....	Dr. C. H. Doss,	Illinois.
Grismore, Otto.....	Dr. E. A. Ballmer,	Ohio.
Grossman, Fred'k A., Ph.G.....	Prof. J. U. Lloyd,	Ohio.
Hamilton, M. Luther.....	Dr. J. N. Sims,	Indiana.
**Kemper, A. Judson.....	Dr. George Snyder,	W. Va.
**Kemper, P. Allen.....	Dr. P. C. Musser,	W. Va.
Kerna, George E.....	Dr. N. G. Vassar,	Ohio.
Leighner, Garry O.....	Drs. J. Hull & Son,	Ohio.
Lamoreux, Fred A.....	Dr. C. H. Lamoreux,	Mich.
McCabe, James Earl.....	Dr. W. B. Vick,	Indiana.
McMakin, Ward B.....	Dr. W. C. Shriner,	Ohio.
Meek, Reuben Herron.....	Dr. W. S. Glenn,	Penn'a.
Miller, Glenn E.....	Dr. A. G. Miller,	Indiana.
Moench, Louis L.....	Dr. F. Moench,	Illinois.
Moore, Clarence D.....	Dr. O. T. Arnold,	Missouri
Morgan, Harvey.....	Dr. B. F. Bennett,	Kentucky
Morgan, William J.....	Dr. B. F. Bennett,	Kentucky
Ogden, Henry O.....	Dr. Thomas Robinson,	Ohio.
Porter, George C.....	Dr. McG. Porter,	Indiana.
Preston, George R.....	Dr. W. B. Preston,	N. York.
Reinhart, J. Sylvanus.....	Dr. A. J. Cook,	Indiana.
Seely, Charles W., M.S., Ph.G.....	Dr. E. A. Goodsell,	N. York.
Sharp, Thomas L.....	Dr. E. G. Sharp,	Okla.
Smith, George W.....	Dr. W. A. J. Brown,	W. Va.
Spencer, John F.....	Dr. S. J. D. Meade,	Ohio.
Stephenson, Robert M.....	Dr. L. E. Russell,	Ohio.
Tindall, Wm. W.....	Dr. C. A. Tindall,	Indiana.
Ulery, Daniel M.....	Dr. John B. Flack,	Ohio.

† Attendance incomplete.

**Visiting internes Seton Hospital, 1902-1903.

Wade, Edward H.....	Dr. C. F. Imus,	Missouri.
Wagner, Walter C.....	Dr. F. G. Mitchell,	Ohio.
Wagoner, Wm. Harvey.....	Dr. A. J. Cook,	Indiana.
Wasson, Guy T.....	Dr. N. Sifritt,	Ohio.
Weidman, Harry F.....	Dr. W. F. Crow,	W. Va.
**Wiekal, William F.....	E. M. Instilute.	Neb.
Total, 47.		

SOPHOMORES—Class of 1904.

NAMES.	PRECEPTOR.	STATE.
Backus, S. George.....	Dr. J. W. Hunter,	W. Va.
Baumann, Nicholas C.....	Dr. J. F. Galley,	Ohio.
Callihan, G. Darwin.....	Dr. G. S. Callihan,	Kentucky
Choate, Will G.....	Dr. C. F. Heffington,	Ark.
Clark, George W.....	Dr. E. H. Moore,	Penn'a.
Collins, Thomas F., B.S.....	Dr. Wood Fulton,	Penn'a.
Cooper, George R.....	Dr. D. J. Thomas,	Texas.
Decatur, Percy E., B.S.....	Dr. A. S. McKitrick,	Ohio.
Dewald, Walter E.....	Dr. J. F. Galley,	Ohio.
Doughty, Richard D.....	Dr. W. L. Robinson,	Ohio.
Elliott, Frederic E.....	E. M. Institute,	Missouri.
Faler, Augustus L., Ph.G.....	E. M. Institute,	Ohio.
†Flint, Hezekiah.....	Dr. B. Flint,	Kentucky
Gage, James Wesley.....	Dra. Clark & Clark,	Indiana.
Hanna, Myron, Ph.G.....	Dr. C W. Noble,	Ohio.
Hart, Howard C.....	Dr. W. H. Newlin,	Indiana.
Housmyer, Charles C.....	Dr. A. G. Miller,	Indiana.
Jackson, John M.....	Dr. R. L. Jackson,	Kentucky
Kingsley, Harry O.....	Dr. W. R. Campbell,	Penn'a.
McLaren, Frank N.....	Dr. J. H. Breedon,	Illinois.
McLaughlin, Thad.....	Dr. C. W. Russell,	Ohio.
Meadows, Matthew W.....	Dr. B. F. Bennett,	Kentucky
Miller, John W.....	Dr. B. F. Bennett,	Kentucky
Reynolds, Vance T.....	Dr. E. A. Sturm,	Ohio.
Ross, A. H. Wayman.....	Dr. T. J. Savage,	Ohio.
Ross, William O. H.....	E. M. Institute,	Ohio.
Sherman, James G.....	Dr. S. M. Sherman,	Ohio.
Tobey, Wilbur Carl.....	Dr. O. W. Tobey,	Ohio.
Wimer, William W.....	Dr. W. B. March.....	California
Total, 29.		

† Deceased. .

FRESHMEN—Class of 1905.

NAME.	PRECEPTOR.	STATE.
Backus, Charles B.	E. M. Institute.	W. Va.
Barry, George A.	Dr. J. W. Barry,	Ohio.
Barry, John W. Jr.	Dr. J. W. Barry,	Ohio.
Bennet, Pearl R.	Drs. Bennet & Baldridge,	Indiana.
Blagg, Emmett	Dr. Allen Bush,	W. Va.
Boram, Alta M.	E. M. Institute,	Indiana.
Boram, Harry B.	E. M. Institute,	Indiana.
Caines, John W.	Dr. D. G. Carey,	Kentucky
Cooper, Marion A.	Dr. D. J. Thomas,	Texas.
Dash, George E.	Dr. J. A. Ashabanner,	Indiana.
†Eastham, James E.	Dr. J. E. Coleman,	W. Va.
Ellsworth, William A.	Dr. L. E. Brayman,	Ohio.
†Fulk, Louis P.	Drs. Clark & Clark,	Indiana.
Jeancon, Etta C.	Dr. C. A. Jeancon,	Kentucky
Johnson, C. Ellis	Dr. B. F. Bennett,	Kentucky
Johnson, Frank Leslie	E. M. Institute,	Kentucky
Jones, Percy L.	Dr. W. C. Shriner,	Kentucky
Kyser, Charles Fred	Dr. J. A. Archer,	Kansas.
McGinnis, George W.	Dr. B. F. Bennett,	Kentucky
Marshall, William J.	E. M. Institute,	Penn'a.
Martin, Hiram B.	E. M. Institute,	Illinois.
Miller, Elmer	Dr. R. R. Anderson,	Ohio.
Price, Harmon E.	Dr. G. S. Couch,	Illinois.
Sheerer, Walter W.	Dr. J. F. Blanchard,	Illinois.
Steinhouser, William	Dr. Colon Beck,	Ohio.
Vance, Fred. W.	Dr. G. O. Brown,	W. Va.
Van Horn, Allison M.	Dr. W. S. Van Horn,	Ohio.
Van Horn, Byron	Dr. W. S. Van Horn,	Ohio.
White, Thomas E.	Dr. C. B. White,	Georgia.
Wolf, Charles M. L.	Dr. W. T. Gemmill,	Ohio.
Total, 30.		

LIST OF GRADUATES.

NAME.	SUBJECT OF THESIS.	STATE.
AMIDON, CHARLES S.	Eclampsia Infantilis.	N. York.
ARNDT, DANIEL C.	Oophoritis.	Ohio.
BALDRIDGE, ODUS LEEPER....	Care of the Infant.	Indiana.
BARCLAY, ARTHUR O.	Ectopic Gestation.	Penn'a.
BARRETT, RALPH RAYMOND..	Tonsillitis.	Ohio.
BURNETT, JOHN ALPHONSO....	Typhoid Fever.	Ohio.
COOPER, CHARLES JULIUS....	Vaginal Hysterectomy.	Illinois.
COOPER, SUSAN RACHEL M....	Leucorrohea.	Illinois.
ESTELL, JOHN D.	Psycho Therapeutics.	Ohio.
HUNTER, ROY C.	Locomotor Ataxia.	Ohio.
HURST, JONAS LEVI.	Manner of conducting Natural Labor.	Ohio.
KATTENHORN, FREDERICK....	Measles.	Ohio.
KENT, GUY J.	Diebetes Mellitus.	Ohio.
KIRK, CHARLES HENRY	Phenomena of Sleep.	Penn'a.
KNAPP, GEORGE HENRY.....	Gynecological Conservatism.	Ohio
LIVINGSTON, EDYTHER R.	Woman in Medicine.	Penn'a.
LIVINGSTON, WILLIAM W.	Appendicitis.	Penn'a.
MARKEE, HENRY.....	Inflammation.	Illinois.
MARTIN, ALBERT B.	Pneumonia.	Illinois.
MARTIN, HARRY POWELL....	Skin Diseases.	Illinois.
MILLER, ALLEN H.	Remittent Fever.	Florida.
MILLER, WILLIE CORVIN....	The Physician.	Ohio.
MILLER, HENRY HARRY....	Sewers of the body.	Penn'a.
MORRIS, ELMOR E.	Medical Ethics.	Ohio.
MORSE, GEORGE.....	Hydrotherapy.	Illinois.
PATTERSON, CARL G.	Prolapsus Uteri.	Indiana.
RALSTON, OSCAR.....	Epilepsy.	Ohio.
RANKIN, JOHN S.	Imperative Surgery.	Iowa.
RIGGS, ALPHONSO.....	Diphtheia.	Ohio.
SCHENK, GEORGE HERBERT.	Variola.	Indiana.
SHAULIS, EDWARD FRED.....	Mind and Nervous Mech- anism.	Penn'a.
SHRADER, CLINTON O.	Cerebro-spinal Meningitis.	Ohio.
SWARTZWELDER, ALBERT L. .	Phthisis.	Indiana.
THIEL, JACOB WILLIAM.....	Cestoda.	Ohio.
WACHTENDORF, FREDERICK G.	Vesical Calculus.	Ohio.
WRIGHTMAN, ANDREW EDGAR.	Transmission of Malaria by the Mosquito.	N. York.

RECAPITULATION.

Seniors.....	36
Juniors.....	47
Sophomores.....	29
Freshmen.....	30
Total.....	142
Graduates.....	36

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THE METHODS OF QUACKERY.

The term quack has been thrown at us so long and so often that it may be well for us to consider its definition in order to determine just how near we come to being quacks. Take Webster and we find "a boastful pretension to medical skill; an empiric; an ignorant practitioner."

Consider the first. Have we ever boasted of greater skill than that vested in other men? Have we not simply claimed that we have a *materia medica* developed in more kindly lines, and seek thereby an advantage in this direction? Have we advertised in the papers, by circulars, by mouth-word concerning our superior personal qualifications? Have we not, on the contrary, persistently asserted that work, investigation, study, research both in the laboratory and at the bedside, were necessary to the Eclectic? Have we not demanded that our people be versed in the usual sciences common to medicine in general? Have we not demanded that they be proficient in knowledge that is general to cultivated men? Have we not insisted that they be tolerant of the opinions of others? Have we not given to the world the results of our investigations? Have we not moved in the best society socially and politically? and have we not conserved the ethical principles that dominate the acts of good citizens? Have we not fostered education, and, to end with, have we not worked honorably and honestly as investigators and educators? Have we not done all these things and more that might be named as the part American citizens should do to be true citizens of America?

Take now the second definition, "an empiric." If to search un-trodden fields is empiricism, we are empirics. If to question nature's resources is empiricism, so be it. If to attempt to discover what is good for humanity, what will cure humanity's ills, is empiricism, we are such. If to study disease expression and find agents to counteract abnormal conditions is empiricism, Eclectics are empiricists. If to experiment rationally in directions no man has trodden makes us empiricists, we accept the charge. If to develop a *materia medica* that stands conspicuous by reason of its excellence is a mark of empiri-

cism, let it be so. If to do all this and then record the result in medical journals, in text-books, in essays, in pamphlets, by word of mouth, in discussion, and then to find the results accepted and recorded in every pharmacopœia and *materia medica* of the world is to make the record of an empiric, let the name apply, it is just. Eclectics are just such empirics as this, and have been working in behalf of such empiricism seventy-five years.

And now for the third, "an ignorant practitioner." When the State medical law of Ohio was passed, men were claiming to be Eclectics who had never seen the inside of an Eclectic college. They were at once ousted from Ohio, by the work too of our representatives on the Board. There may be ignorant men, to use that word in a restricted sense, in our ranks. There surely are many who are not educated in lines to enable them to meet the demands of present college entrance examinations. But these men are not more numerous among ourselves than in other medical sects. They are no more the typical Eclectic of to-day than are the same class in other schools typical of themselves to-day. The word *ignorant* is also to be qualified. A man may be a fine literary man, a talented mathematician, and yet an ignorant practitioner. Bear this well in mind; it is a distinction many people overlook. The writer of this editorial would prefer to have his family practice done by some men who know little about Shakspeare, nothing about Bacon, who have no idea of trigonometry, who cannot read a word of French, or Spanish, or German, than by certain other men whose whole lives have been devoted to these side lights. Take the sentence as a *whole*, apply the term *ignorant* in its true bearing, when you judge of a practitioner. The sentence is "an ignorant *practitioner*," not a man ignorant of law, of literature, of classics, of mathematics, of astronomy, of language, but one ignorant of *medicine*. And yet a fair amount of culture should be the part of every physician—a conservative amount of these side issues, enough to make him at ease and give him a standing in society. And of these the Eclectic of America holds his place beside men of other sects.

When next the term *quack* is used in reference to ourselves, it may be well to ask the speaker for comparative data.

J. U. L.

PROFESSIONAL AFFILIATION.

In a recent address before the physicians' club of Dayton, Ohio, C. A. L. Reed made a strong argument in favor of closer affiliation of the medical sects*. He asks for co-operation of the profession, and in asking it uses no touch of bitterness; he exhibits no evidence of hostility to the minority sections. This is as it should be, and only in such lines can co-operation be secured. The man who claims that it is for the benefit of the American people when he asks all but one political party, one religion, one sect in medicine be brushed out of America, in our opinion speaks not for the American people. The

*See *Lancet Clinic*, April 19, 1902.

man who looks backward can see that if the future is indicated by the work of the past the good of the American people can be best conserved in the work that various sects in medicine accomplish, not alone by the work of one dominant sect. The man who looks at the future can perceive that the greatest good of the professions and of the people, demands the upward movement of the sects, not the obliteration of all thought and action outside one sect. A minority is necessary. It is a fundamental law of nations that in all directions where evolution is progressing men are divided into classes, into parties, into sects. To co operate in behalf of the general public is a duty, and the word co-operation means to be separate and yet to unite our undivided energies in behalf of a common cause. The man who takes his bearings from the lights of medical action behind him, and then looks forward, must perceive that the contributions made by the sects in medicine are today united in the systems of practice of to-day. The man who argues therefrom that the world would have been better, the great profession of medicine more elevated and better equipped, had there been but one sect in medicine, cherishes a prejudice upon which history has placed her cold hand.

Dr. Reed with a far-seeing comprehension perceives that it is in his opinion better to draw the good of these separate efforts together in a systematic manner, and he wishes it done hereafter in a gentlemanly way. He speaks a kindly word for co-operation, not for subjugation. And in the opinion of this writer, should the question be fairly put to Dr. Reed, do you mean co-operation or subjugation of the minority, he would say co operation. In the same way we believe that as Dr. Reed casts his eye backward and traces the work the minority has done in behalf of humanity, our Eclectic minority even, could he be fairly voiced, he would say, go on in the way you have gone, search the swamps and mountains for their riches, develop the great field of the unknown *materia medica* in the future as you have in the past, be a family to yourselves in your affiliations, your home rulings, your questionings of nature's resources, but in the end let us all co-operate in giving to each other in behalf of the general good of the people and the elevation of future medicine into a comprehensive science.

J. U. L.

THE PANCREAS.

The pancreas, deeply situated in the abdominal cavity and surrounded by important organs, rarely gives forth evidence of morbid conditions if such exist, and is frequently almost forgotten by the physician and pathologist, unless attention is called to it by traumatism or direct implication with other organs in pathological states. Yet there is hardly an organ in the alimentary tract or its appendages that is more important in digestive processes. Resembling in structure and function the salivary glands, its secretion is more abundant,

more effective, and more important than that of those glands, and contains not only amylopsin but trypsin, rennin, and steapsin. Being composed of vessels, stroma, and parenchyma, the pancreas is subject to degeneration, infiltration, necrosis, hemorrhages, and inflammation like other organs, but if such occur to any great extent they are not detected ante-mortem.

To supply a deficiency in pancreatic secretion has been attempted by administering pancreatin artificially prepared; but while it may appear theoretically as the proper method, the great difficulty lies in being able to determine whether the pancreatic juice is deficient in any of its elements.

That the pancreatic secretion is effective in food digestion, including proteids, carbohydrates, and hydrocarbons, is beyond question. In some cases there is little doubt that the juice of this gland digests the gland itself, and it is not unlikely that some indefinite and puzzling symptoms of alimentary wrongs may be due to autodigestion of the pancreas, implicating at times the stomach or cesophagus. Self-digestion of the pancreas is a common post-mortem phenomenon. The pancreas may become diseased through proximity to other organs; it lies in contact with the stomach and duodenum; the kidneys are not far away, and its tail reaches the spleen; hence it may become secondarily affected by extension of inflammation, ulceration, or suppuration from neighboring structures.

Although much study has been given to the pancreas, its function, and its secretion, still the symptoms of disease of the pancreas are vague and indefinite, although the reports of post-mortem revelations are frequent, and in many cases the symptoms before death have been interpreted to mean something quite different. The affections of the pancreas appear to be difficult of detection during life, and in many cases not of serious import, but more interest has been aroused in regard to pancreatic pathology since the discovery of the internal secretion of the pancreas, and its influence upon the production of glycosuria. There is some confusion in regard to the vital importance of the pancreas, for patients have continued to live after the removal of this gland.

When the pancreas is affected to any great extent there is usually rapid emaciation; there may also be pain, vomiting, slow heart action and collapse. Catarrh of the duct of Wirsung is usually associated with jaundice, and serious implication of the pancreas is almost universally fatal.

Sometimes accessory pancreatic glands are found in the walls of the stomach, duodenum, or jejunum, and it may be that in those cases where the gland has been destroyed, compensatory enlargement occurs in an accessory, and thus provides the secretion which seems essential to life.

The pancreas has never been a very frequent object of surgical interference, and so far is not as popular with surgeons as the other

abdominal organs ; this is probably due to the difficulty and danger necessary to incur in reaching this organ from without. The obscurity and lack of certainty surrounding the symptomatic manifestations of pancreatic disease is probably the reason that treatment, either surgical or medical, is unsatisfactory. When the pancreas has become enlarged by proliferation of tissue, malignant or otherwise, it can be detected by palpation, but morbid processes are usually then so far advanced as to render treatment futile.

Abnormal variations in the character of the pancreatic secretion are becoming better understood as our knowledge of the physiology of this organ increases, and we may anticipate in the future a more effective and rational treatment of pancreatic lesions, both by the surgeon and physician.

L. W.

MENSTRUATION AND ITS DISORDERS.

III. DYSMENORRHEA.—While normal menstruation is frequently accompanied with some degree of discomfort, as heaviness, fullness, and uneasiness in and about the pelvis, sometimes radiating from the lumbo-sacral region to the neighborhood of the ovaries, there should be no pain, distress, or suffering attending it. Any deviation from the normal physiological process whereby pain manifests itself at any time, either before, during, or following the period, is evidence that the function is abnormally performed. Such a condition of painful menstruation is denominated dysmenorrhea. This is the most common of the disorders of menstruation ; in fact no other ailment peculiar to the female is so frequently encountered.

Dysmenorrhea should be properly recognized as a symptom, and not a disease of itself. A careful study of the etiology shows that it may depend on a variety of conditions and exist under various circumstances ; also that the very nature, habits, and constitution of the female render her peculiarly susceptible to the trouble. Dysmenorrhea is usually divided into three varieties, both from the standpoint of etiology and pathology, and for the sake of convenience of study. The subdivisions are, neuralgic, inflammatory, and mechanical. Membranous may also be included, in case an exhaustive study of the subject be made. The ovarian is likewise mentioned as a distinct variety by some writers.

Mechanical dysmenorrhea, or, as it is called by some, obstructive, is of such common occurrence that a majority of physicians will be frequently consulted by women for the relief of the same. This is the form of painful menstruation so often found in the young, unmarried, or nulliparous female ; in such cases it is owing to some congenital defect or obstruction acting as a local impediment to the free exit of the menstrual discharge. It may occur, however, as well under other circumstances and at any time during the menstrual life of the individual, under which circumstances it may be acquired, resulting from various local disturbances following as a consequence of parturition.

The pain in such cases is usually intense, beginning with the advent of the flow, or as soon as sufficient blood has accumulated in the uterus to excite contractions, and continuing throughout the period, or until there is complete cessation of the discharge. The patient usually recovers her normal condition after a brief time, or a few hours, and continues perfectly free from any untoward or resultant symptoms during the intermenstrual period. The flow in mechanical dysmenorrhea is, as a rule, slow, scant, and embarrassed, and consequently the period is somewhat prolonged. The pains are, in most cases very severe, expulsive, tenesmic, and spasmoidic in nature, often exciting a condition likened to a uterine colic. The uterus filling with blood beyond the degree of tolerance, stimulates an effort on the part of nature to expel it; this excites contractions, which are resisted by the obstructed cervical outlet which admits of a very small discharge. This prolongs the menstrual epoch, and favors coagulation of the retained or residual blood. This might seem to explain the pathology of this very common and troublesome state of perverted menstruation.

When a patient recites such a history and presents symptoms of this nature, there would be presumptive evidence of local disturbance which should prompt an immediate and careful examination upon which to base a diagnosis.

In the young subject, or the woman who has never borne children, the speculum will usually reveal a congenitally defective cervix. In many cases this will depend on an os that is impervious; varying from this to the so-called *pin-hole os*, or condition of constriction rendering the opening wholly inadequate to the free and normal discharge of blood. There may be in some instances no evidence of mechanical obstruction on visual examination, but on attempting to pass a sound the inner os will be found occluded to the extent of almost complete stenosis; consequently the examination in these aggravating cases should be searching, until every probable feature that could contribute to the trouble is excluded. The difficulty may again depend upon an elongated and constricted state of the cervical canal. In certain others, an examination reveals a uterine displacement; this will usually be found as a sharp flexion near the junction of the cervix and body. While versions may, in exceptional cases, become a mechanical barrier to free and normal menstruation, resulting in dysmenorrhea, it is much less likely to obstruct the canal than the angle created by a flexion. The extent and nature of the displacement may be readily determined by a careful digital examination and intra-uterine exploration by means of the sound. Other cases may occur later in life, usually following a number of years of normal and painless menstruation, from a contraction of the cervix, resulting as a consequence of inflammation. A well defined endocervicitis may cause a fullness or thickening of the mucous lining, thereby partially occluding the canal so as to allow of the escape of the menstrual discharge imperfectly and painfully. Mechanical dysmenorrhea, again, may

date from a parturition at which time the neck and tissues were lacerated or severely contused; the process of healing that follows often results in a thickening or closing in of the parts, or a stenosis or reduction of the canal, owing to cicatrization or deposit of scar tissue.

Cases, again, may depend on the presence of a small interstitial tumor in the parenchyma of the neck, growing inward, and thus occluding the cavity of the canal. In rare cases the caliber of the canal and external os may be diminished by the excessive and injudicious application of caustics in the treatment of ulceration or other diseases of the parts.

In reviewing the numerous causes that account for mechanical dysmenorrhea, it becomes at once apparent that a treatment from which any benefit may be derived or expected must be at once direct, and likewise mechanical. Probably in no other disorder of menstruation are greater blunders made and the patient so little relieved as in the treatment instituted by many physicians in this variety of dysmenorrhea; they fail to reason from cause to effect, simply gather from the patient's recital of her condition that she suffers at each menstrual period all the pangs of parturition; and what is plainer or easier than that some remedy be prescribed to relieve the pain? Probably an anodyne is given, or likely macrotys, pulseilla, and gelsemium are thought of, and after each has failed singly, as likely as not they are associated and given in combination; and finally after the patient gives up in despair, rather worse than better, the physician, in not a few instances, attributes his defeat to the failure of specific medication, instead of placing the blame exactly where it belongs, to a faulty diagnosis.

Internal medication is not called for in this special variety of dysmenorrhea, unless it be later on as an auxiliary to allay some symptom that has arisen secondarily as a consequence of the immediate trouble. The essential treatment consists of means to overcome the obstruction that impedes the normal menstrual flow. In the event of a constricted canal, pin-hole os, or stenosis of any part of the cervix, the parts should be properly and forcibly dilated. This should be done under an anesthetic, and carefully, that the parts be not injured. The posterior lip of the cervix should be grasped with tenaculum forceps, for the double purpose of drawing the uterus down, and to create a counter force favoring the introduction of the dilator. Either the graduated (sounds) dilators of Pratt, Heger, or Hanks may be used, commencing with a size sufficiently small to readily pass through the cervical canal, and continue with the other half dozen of the set until the part is satisfactorily dilated. Or, as many prefer, forcible dilatation may be induced by means of divulsion, using the instruments devised by Palmer or Goodell. We favor the latter method, unless the canal or os is so reduced as not to admit the instrument, when one should begin with the smaller sounds, and continue and complete the process with the divulser. If need be—and it will fre-

quently be found well to do so—the dilatation may be followed by curettement. It is well to pack the cervix with gauze, leaving it in place for a day or so. It is advisable to keep the patient quiet and off the feet for twenty-four hours, and if the curette has been used, for three or four days. In case the obstruction be due to cicatricial tissue it must be excised and the gap closed properly with silkworm gut sutures, as in trachelorrhaphy. In some cases also, where the parts will not yield to the dilator, it may become necessary to make a bilateral section or dissection of the uterine canal. Tents were formerly used to a considerable extent as a means of dilating a constricted cervix, but have been largely abandoned and more modern and better means substituted. Flexions and versions may also be frequently corrected by dilatation and packing. In case a polypus becomes the offending feature of obstruction, it should be removed after the manner usually resorted to in such cases.

When proper treatment is instituted (removal of the obstruction), mechanical dysmenorrhea will yield more readily and satisfactorily than any other disorder of menstruation.

R. C. W.

SULPHUR.

We again call Journal readers' attention to the homeopathic uses of a very common remedy. Sulphur was proven by Hahnemann, and was by him considered the "king of anti-psorics," and we find in homeopathic writings such broad statements as this. "When seemingly indicated drugs do not cure, use sulphur, because psora is the obstacle to be overcome". Psora was a great big factor in the Hahnemann medical doctrine. Consider psora identical with scrofula—scrofula identical with tuberculosis, and we presume that in so doing we keep up with the times. But personally, we do not know just to what extent psora influences the homeopathic prescriptions at this time. Sulphur is not the only anti-psora remedy—there are several others, among which we believe arsenicum album occupies a place next to sulphur. The latter is a prominent remedy in acute troubles, while sulphur is said to be better in the ailments of a chronic nature. Beyond this, however, each anti-psoric remedy has a special field of action, beyond its anti-psoric effect.

The most prominent symptoms calling for sulphur as a remedy, as we see it from the homeopathic standpoint is burning. This may be of almost any part or organ. It may be of the head or scalp; of the eyes, with much pain and smarting; of the nose with a burning discharge; of the face, or tongue, or mouth, or of the ora pharynx, or of the stomach. The burning may be further down in the digestive tract, and pain and pressure of the rectum, and itching or hemorrhoids may be the most disturbing features. Or the genito-urinary tract may be the most out-spoken in sulphur symptomatology. The hot urethra, or vagina, or the breast and nipples burning like fire, may be the chief complaint. Again when there is heat and congestion of the

chest, inside or out, or hot flashes all over the body, or of the skin alone, or of the hands alone, or of the feet, when the desire is to expose the body or skin to the air, to have the feet out of bed, etc., and in skin eruptions which burn and itch, and scratching increases it, sulphur is indicated. Other indications for sulphur are said to be circulation disturbances, such as local or general congestion and a tendency thereto, such as boils, swellings, etc., of an acute nature, and in portal and abdominal congestions generally. In congestion of the lungs with difficult breathing, great oppression, palpitation, etc. It is said that in the sulphur patient the orifices of the body are red and irritable. This may be seen in the eyes and eyelids, in the lips, ears, arms and urethra.

Sulphur may be indicated when chronic effusions, enlarged joints, and exudations generally, the result of rheumatic or other irritation, resist other treatment, no matter if the collection be in the pleura, peritoneum or meninges, sulphur arouses or excites absorption, brings about reaction. Its action upon the skin is said to be persistent, positive and general, when indicated by burning and itching, no matter whether there be an eruption or not.

The sulphur patient is usually emaciated. He is not erect, his habits incline to filthiness; in fact he dreads bath and water and washing. He is inclined to scratch, and the scratching causes burning; discharges from the body at any point, or from points of chronic ulceration, are more or less acrid and excoriating; emanating odors are offensive even if baths be taken. The patient feels weak, and faint; he has hot flashes and his skin is frequently cool and moist if not clammy; he feels suffocated; wants the doors and windows open, especially at night; he wants his hot feet and legs out of bed; his tongue is frequently white, with red tip and edges; his lips are red. A morning diarrhea is frequent in the sulphur patient. It causes him to get out early in the morning.

With these indications or symptoms before us, sulphur becomes a remedy in scrofulous abscess, with discharges as above; in acne when the skin is hard and rough, with comedones; in alcoholism; in amenorrhea; in backache, with a stiffness in the lumbar region, and an inability to move; in boils and felonies and other acute local congestions and inflammations; in cholera infantum with the morning diarrhea, stools green, watery, offensive, and ravenous appetite and flabby abdomen; in constipation, when there is heat or burning, fullness in belly or bowels, with ineffectual efforts, plethoric abdomen, passive portal congestion, etc.

Sulphur is a homeopathic diarrhea remedy when the stools are changeable in color, undigested food passed, there is abdominal uneasiness, a morning diarrhea and soreness about the arms, and when the odor of the stool is almost ineffaceable. This remedy has its place in the treatment of some cases of conjunctivitis, and of fever. In the latter it is a remedy next to aconite when dry heat continues, there is

no perspiration, the patient becomes drowsy or restless, and there is a tendency to typhoid. In gastric disturbances and dyspepsia sulphur is a remedy of some worth. With nux it overcomes the flatulence and distress of the taper. It is the remedy when a very little food satisfies, when there is a bitter, sour taste in the mouth; when there are putrid eructations and sour vomitings; the patient feels empty or "gone" about the stomach. In some cases of an insatiable appetite, when the patient can't sleep because of hunger, sulphur is a relief. In maltreated gleet, when there is irritation, soreness, and burning, give sulphur. In gonorrhea with burning, smarting, a red lipped meatus, aphimosis and indurated or infiltrated prepuce, try sulphur.

Sulphur is a remedy of some note in the treatment of hemorrhoids, especially when reflex troubles arise from them. In headache with as it were "a band around the head;" in palpitation of the heart; when the patient feels as though his head were too full and the heart too big; in hydrocephalus, when there is coolness, stupor, cool sweat, relaxation, dilated pupils, etc.; in liver troubles, with pain, soreness and a profuse flow of bile; in some mental diseases; in phthisis with pain in chest, hot head, flushes, oppression; in pleurisy, with pain in the back, worse on motion, or labor, with an effusion which is not absorbed; in pneumonia with oppression and burning in the chest, dyspnea; in rheumatism, with pain,—jerky and shifting, worse at night, and in bed, and a tendency to ascend—either acute or chronic; in scrofula with a tendency to general complications of either structural or functional wrongs or deviations; in skin troubles, when water and washing aggravates, when they alternate with an internal trouble, when scratching is followed by burning and irritation, when the skin is rough, coarse, measley, and the eruptions pustular, and there is a tendency to soreness in the folds, spermatorrhea, when there is debility, too frequent, or too previous, or in nocturnal seminal emissions, when the semen is thin and watery and the organ is relaxed, cold, sickly and its posessor is weak and weary—a hypochondriac with a backache, and a cheerless life prospect—give sulphur.

The dose of sulphur from our present point of view is from a small dose of the lac in decimation to a half teaspoonful of the powdered drug, given once in two hours, to once in two to six weeks. Sulphur seems to prove that it requires a very little bit of the indicated drug to do very great things in toppling over constitutional misdoings.

W. E. R.

ANNOUNCEMENT.

The fifty-eighth annual announcement of the Eclectic Medical Institute will be ready about June 10th and will be mailed to every Eclectic physician whose address we have, and to every one who has inquired for a catalogue during the past three years. A portion of the announcement is re-printed in this issue of the Journal. The next session will begin September 22, and continue twenty seven weeks. The present prospects would indicate a large freshman class.

METABOLISM.

The metabolism going on in the body includes catabolism or destructive changes, anabolism or constructive processes, and that manifestation of energy necessary for the conversion of potential energy stored up in the ingesta into active or kinetic force.

About one twenty-fourth part of the body wastes away daily; a man weighing one hundred and fifty pounds would, therefore, require six and one-fourth pounds of nourishment in twenty four hours or more than a ton in a year to replace the worn out material. When there is an equilibrium between waste and repair, the body remains at the same weight, but increases or diminishes in proportion to the activity of anabolic and katabolic metabolism. The body is never, however, in an exact state of equilibrium, functional activities causing a constant fluctuation, resulting in a slight diminution or increase in bony weight.

L. W.

DEATH OF DR. DAVID WILLIAMS.

Just as this form of the *Journal* goes to press, we are shocked to hear of the death, on May 24th, of David Williams, M. D., of Columbus, Ohio. Dr. Williams was a graduate of the Eclectic Medical Institute, in 1870. He served as President of the National in 1899, at Detroit, and was an active member of the Ohio and Ohio Central Eclectic Societies. For six years he acted as treasurer of the Ohio State Board of Registration and Examination. A more extended notice will appear in a future number of our *Journal*.

DEATH OF HENRY C. YEAGLEY.

Dr. Henry C. Yeagley, one of the oldest practitioners of Pennsylvania, died at his home in Lancaster, May 3, '02. He was in his 75th year and had practiced medicine for fifty-years. He graduated from the Eclectic Medical Institute in 1854 and located in Johnstown. In 1864 he went to Canada and practiced about seven years, returning afterwards to Pennsylvania. For many years Dr. Yeagley took a prominent part in democratic politics—was a charter member of the Pennsylvania Eclectic Medical Society and a member of the National Eclectic Medical Association, and had been president of the Penn'a Eclectic State Examining Board for a number of years. He was a member of Lodge 43, F and A. M., and the Methodist church. Dr. Yeagley leaves a wife and five children, two of whom are physicians, Dr. J. H. Yeagley, of York, Pa., and Dr. Jaame M. Yeagley, of Lancaster.

MUNDY'S DISEASES OF CHILDREN.

Early in June we shall issue an Eclectic Manual on Diseases of Children for practitioners and students by Dr. William Nelson Mundy. It was originally the intention of the author to revise Scudder's Diseases of Children, but it was soon found that an entirely new work was necessary. The book will embrace 627 pages and will be divided into twenty two chapters, and will sell at \$2.50 in cloth binding. It will give the eclectic treatment in diseases of children according to the well known doctrines of specific medication of which Dr. Mundy is a strong advocate. Dr. Mundy was formerly professor of hygiene, physical diagnosis and clinical diseases of children in the Eclectic Medical Institute, is a member of the National Eclectic Medical Association, ex-President of the Ohio State Society, and an extensive contributor to the various Eclectic Journals, and it seems hardly necessary to introduce him to our readers. The new work will be carefully reviewed in the next issue of the Journal.

STATE MEETINGS.

The annual meetings of the various states were held last month in the following states: Arkansas, California, Illinois, Indiana, Iowa, Kansas, Kentucky, Nebraska, New England, New Jersey, Tennessee and West Virginia. Detailed reports of several of these meetings will be found under the head of society notes in our eclectic news. June meetings embrace the 42d annual meeting of the Massachusetts society at Milwaukee, June 16 and 17. National Eclectic Medical Association at Hotel Phister, Milwaukee, Wis., June 17, 18 and 19.

THE OHIO SOCIETY.

The annual meeting of the Ohio State Eclectic Medical Association will be held at Hotel Victory, Put-in-Bay, Ohio, July 15, 16 and 17. The Executive Committee has held a meeting and arranged for a very interesting and instructive program. Any members who have not so far signified their intention of preparing papers, should communicate at once with the Correspondent Secretary, W. N. Mundy of Forest, Ohio, in order that the program for the meeting can be prepared for the printers.

ERRATA.—In the review of Dr. G. C. Savage's book last month the title should read Ophthalmic Myology and not Surgery. Also sixth line from top of page 280 read imbalance instead of unbalance.

K. O. F.

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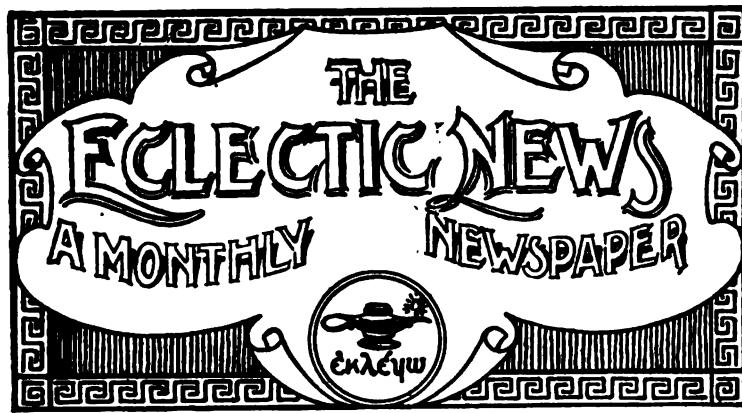
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No. 6.

BOOK NOTICES.

A PRACTICAL MANUAL OF INSANITY. By D. R. Brower, M. D., and H. M. Bannister, M. D. Octavo of 426 pages with a large number of full page inserts. Philadelphia : W. B. Saunders & Co. Cloth, \$3.00 net.

Volumes might be filled with case records and the history of psychiatry. But the authors of this book have covered the field with the essential facts relating to the classification and treatment of insanity, in a most acceptable manner. The ideas expressed are in accord with our years of observation. There is much to commend, and very little we can criticise. It is one of the best books we have ever read on the subject. We are pleased with this work, and can recommend it. B. M.

THE DIAGNOSIS OF SURGICAL DISEASES. By D. E. Albert, M. D. Authorized translation from the eighth enlarged and revised edition. By R. T. Frank, M. D. With 53 illustrations and 419 pages. Cloth, \$5.00. New York : D. Appleton & Co.

While works upon diagnosis in medical lines are rather frequent in appearance, books upon surgical diagnosis are more limited in number ; and while the one before us may not be the largest and best extant, it has some very commendable features. In physical make-up it is up to date—the paper and binding are good ; it is well printed, and upon good type—in short, it is faultless in this direction. The author is clear and practical in his expression and description, and brief as well. Theoretical classifications are not adhered to ; instead, diseases are grouped according to similarity of symptoms and points of general resemblance—considerations which in practice render their differentiation difficult. It is in this respect a systematized clinical demonstration. These are the practical points that make the work a valuable one to the practitioner as well as to the surgeon. We commend it to Journal readers.

W. E. B.

MORPHINISM AND NARCOMANIA from Opium, Cocaine, Ether, Chloral, Chloroform, and other narcotic drugs; also the Etiology, Treatment, and Medico-legal Relations. By T. D. Crothers, M. D. 12mo, 351 pages, cloth, \$2.00 net. W. B. Saunders & Co., Philadelphia.

As a rule little attention has been paid to the causes producing drug habit; and when the reason for such a condition has been asked, the answer usually has been vague and unsatisfactory. The simple statement that it is a disease carries but little information.

The author's statement is that "It is now a well recognized fact that the transmission of the defects of the parents in predispositions to the children, is a very active cause in nearly all functional and organic diseases of the nervous system. Eminent authorities agree that a large proportion of all cases of inebriety, border-land insanities, paranoiacs, hysterics, and dipsomaniacs, is due to heredity."

"Persons who have suffered from sunstroke or heat prostration, after the use of a small dose of morphine, are more susceptible to an addiction." I have known several persons who became confirmed morphine users who dated the commencement of the habit to prostration from heat.

The responsibility or ability of the drug fiend, to tell the truth, is a matter that has received but little attention in the courts, but the hallucinations which afflict these unfortunates render it almost impossible for them to tell the truth, and it is not always a malicious inclination, they actually believing what they are saying. The importance of a more careful study of these habits cannot be too strongly urged, and all classes of physicians should have this book in their possession—the specialist, surgeon, and general practitioner.

The explanation of the absorption of morphine and later excretion into the stomach to be again absorbed, is only one of the many useful points in the book.

The presswork is fully up to the standard of the publishers, which is all that is necessary to say in this connection.

K. O. F.

NEW ECLECTIC MEDICAL PRACTICE. Designed for Students and Practitioners. By Herbert T. Webster, M. D., Oakland, California. Vol. II. 8vo., 712 pages, cloth, \$4.25. Published by the author.

The many readers of Dr. Webster's first volume of "New Eclectic Medical Practice" will be glad to know that after two years of anxious waiting, volume II is ready for distribution. The many good things which were said of volume I, can be repeated of the second volume. The work is thoroughly up to date, the subject matter presented in a pleasing and convincing style, and the work is a valuable addition to Eclectic literature. The section devoted to diseases of the nervous system shows careful and thorough research, and is of a very high character. The author uses the tissue remedies quite largely, and in this respect smacks of homeopathy. However, the work abounds in enough good things to take the infinitesimals without criticism. We congratulate the author and the school upon the work. R. L. T.

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"During the recent summer, I believed I saved the life of a little negro boy by the use of Echafolta and this remedy alone. He was about four years old, and his surroundings were of the most unsanitary character and his nursing the poorest imaginable. In spite of these unfavorable conditions he recovered after an exhaustive disease lasting more than two months. The trouble began very much like a case of continued fever, but of a low type. He continued to get worse and about the second week experienced an alarming condition approaching collapse. The heart action became very feeble and intermittent. Following this depression came an exhaustive diarrhea of a choleraic character. I easily controlled this diarrhea with rhus aromatica. At this juncture septic infection became evident and the lungs were involved with a pneumonia of quite pronounced severity. I then began administering ten-drop doses of Echafolta. This had the effect of mitigating the symptoms considerably, and in a few days his condition was so much improved that I stopped the remedy, and then the symptoms became greatly aggravated. I again resumed the Echafolta, when a complete change for the better took place, but it was followed by another profuse diarrhea and I discontinued the Echafolta and again controlled the diarrhea with rhus aromatica. At this stage of the disease (third week) circumscribed, inflammatory swellings appeared on various parts of the body. These were sluggish, and, at first, quite painful, but soon developed into abscesses and would break spontaneously, discharging a sanguous and offensive pus. The abscesses continued throughout the course of the disease (ten weeks) and numbered at no time less than six, appearing chiefly near the joints, on the neck, in the groin, on the back and one on the scalp. Feeling convinced at the time that Echafolta was the only remedy administered that seemed to hold the disease in check, I put him on ten-drop doses every three hours and kept him on it until complete recovery took place. From what I observed in this case I believe that the boy could not have lived without the remedy, for whenever it was discontinued he became alarmingly worse, and whenever it was resumed, his condition became better so promptly that I could attribute it to no other cause. The boy to-day is strong and hearty and shows no ill effects of his serious illness."

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EDITORIAL FROM H. M. JOURNAL.

The twenty-second annual meeting of the Arkansas Eclectic Medical Association was called to order in the Senate chamber of the State House at Little Rock at two o'clock Wednesday, May 14th, R. L. Smith, M. D., the genial president, being at his post. After the usual preliminary work, an address of welcome was made by Judge J. H. Carmichael, and responded to by E. H. Stephenson, M. D. for the association.

As frequently occurs on first days, the attendance was not as large as expected, and many who were there had omitted preparing their papers. Dr. Stephenson presented a carefully prepared paper on pneumonia, and the discussions which followed were very interesting, bringing out several points in the treatment which had not been touched upon. Dr. J. W. Tibbles presented a paper on retained placenta. The paper was well written and the discussion spirited. The various methods of delivering the placenta, and the instruments most generally useful were considered. Prof. E. Lee Standlee, of St. Louis, spoke on surgical interference.

The evening session was devoted to the President's address, which was a model of conciseness and good sense. After the address the remainder of the evening was devoted to talks on medical legislation, and the standing committee on legislation was authorized to confer with the committees of the other schools.

The first paper of the second day's session was by Dr. D. J. Warren, on bio-chemistry. The paper was a good one, and also the discussions. Dr. R. L. Browning's paper on amenorrhea brought out a very general discussion, some of the cases reported showing the necessity for care in making a diagnosis, as sometimes the difficulty is self limited.

An illustrated talk on the action of the muscles controlling the movements of the eyes was given by Prof. K. O. Foltz, of Cincinnati.

Prof. Standlee spoke of the method of using permanganate of potassium in cases of opium and morphine poisoning.

A comprehensive paper on plastic iritis, by Dr. W. S. May, was well received and discussed. Dr. A. J. Widener presented a paper on "Supporting Our Colleges," which brought earnest pleas from Drs. Standlee and Foltz for more active and aggressive action regarding the sending of students to Eclectic Colleges.

I was unable to remain until the closing session, but doubt not that the papers presented were as good as those I had the pleasure of hearing. One thing in particular I wish to compliment the members upon, and that is the conciseness and brevity of their papers. They are practical and not theoretical, or copied from some text-book. The discussions are to the point as a rule, and are also very concise. Four new members were added, and the men seem wide-awake.

The following were elected for the ensuing year: President, W. C. Hudson, M. D., Mulberry; 1st Vice President, W. O. Tibbles, M. D., Grange; 2d Vice President, M. T. Clay, M. D., Little Rock; Rec. Secretary, J. L. Vail, M. D., Little Rock; Cor. Secretary, A. J.

Widener, M. D., Little Rock; Treasurer, C. E. Pierce, M. D., Little Rock. Committee on Legislation, J. M. Park, M. D., C. E. Pierce, M. D., and J. L. Vail, M. D., all of Little Rock. Next meeting the fourth Wednesday in April, 1903. The cordial welcome extended the writer will never be forgotten.

X. O. F.

The Ladies' Auxiliary of the National Eclectic Medical Association was organized June 20th, 1901, at Chattanooga, Tenn.

The object of this organization is to increase the social feature of the "National" meetings, bring the members, especially the ladies, into a closer relationship, thereby making all present each year feel welcome, assist in furnishing entertainment for the meetings, increase the attendance, and in every way possible promote the interest and welfare of the National Eclectic Medical Association at its annual sessions.

We hope the wives, daughters and sisters of the National membership will be interested in the Auxiliary and give it their hearty support and influence, thereby increasing its usefulness as well as membership. We desire to make a creditable showing at the public meeting in Milwaukee, in which we are to have a part. This meeting will be held in the parlors of the Pfister Hotel, Tuesday evening, June 17th, and will be informal.

Ladies, make up your mind to join the Auxiliary and send your name at once to our Secretary, Dr. Ethyl H. Richardson, 835 Cedar Street, Quincy, Illinois, and she will enroll you as a member. If you desire one of our Auxiliary pins, so state and one will be forwarded to you. Price one dollar.

Indications all point to a pleasant and profitable meeting at Milwaukee. Come and be one with us.

Mrs. E. Lee STANDLEE, President

Dr. ETHYL H. RICHARDSON, SECRETARY.

The twenty-sixth annual meeting of the State Eclectic Medical and Surgical Society of Michigan was held at Grand Rapids, May 14 and 15. The meeting was presided over by Dr. E. M. Conklin, Vice President. Roll call showed a larger attendance than usual.

Dr. May's paper on echafolta brought forth many valuable qualities of the drug. In the discussion which followed its reading, all agreed that the drug was one of the best antiseptics at our command; its effect in typhoid, diphtheria, septic infection being almost miraculous. Dr. Nafe gave as the prominent indication for the remedy, "A great big stink."

Dr. Church in his paper advanced some new thoughts concerning sudden deaths which sometimes follow operations upon the rectum, bladder, appendix, and the sudden deaths which abortionists often encounter, being due to thrombosis.

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Dr. Baker's paper on meteorology, the positive and negative in nature, was a masterly production and brought forth new ideas as to the causes of epidemics, influenza, la grippe etc., and to the treatment of phthisis pulmonalis and other constitutional diseases—urged that patients with slow pulse and subnormal temperature should be sent to high altitudes, and conversely those with rapid pulse, high temperature and hemorrhagic tendencies to low altitudes and moist climate.

Other papers were read and discussed but for want of time several were read by title only.

The officers for the ensuing year are: President, E. M. Conklin, Manchester; 1st Vice President, J. C. Bostick, Benton Harbor; 2d Vice President, L. S. Walter, Fife Lake; 3d Vice President, W. H. Snyder, Hastings; Secretary, F. B. Crowell, Lawrence; Treasurer, J. D. Peters, Grand Rapids.

Before adjournment the following resolutions were unanimously adopted:

Be it resolved: That the work done by the State Medical Board of Registration in the interest of reciprocity between the Medical Registration Boards of the different States, is worthy of approval, and deserves the hearty commendation of this Society.

Be it further resolved: That the work so well begun by the Michigan State Board of Registration should be pressed if possible to the point of securing such uniformity of requirements for physicians in the several States that authority to practice in any State of the United States, shall confer the right to practice in any other State.

Be it further resolved: That a copy of thesee resolutions be transmitted by the Secretary of this association to the Secretary of the Medical Registration Board.

F. B. CROWELL, Sec'y.

The thirty-eighth annual meeting of the Indiana Eclectic Medical Association was held in the Assembly Room of the Court House at Ft. Wayne, May 13 and 14. From sixty to seventy-five members and visiting physicians were present at each day's session. Among the many interesting papers read and discussed may be mentioned the following: Typhoid Fever, by Dr. J. L. Smith; Hysteria, by Dr. W. B. Olds; Circumcision, by Dr. J. D. McCann; Exophthalmic Goitre, by Dr. W. P. Best; Jaborandi and Berberine, by Dr. C. G. Winter; Suggestion, by Dr. J. W. Kannel; Vaginal Hysterectomy Without Clamp or Ligature, by Dr. W. E. Curryer; "Our place in the Profession as Eclectic Practitioners", by Dr. Q. Robt. Hauss; and Gynecology and its Oyerative Technic, by Dr. E. M. Ihrig.

In the evening of the second day a public session was held at the First Baptist Church. In addition to a varied musical program the following addressees were made. Invocation, by Rev. J. W. Lake; Welcome Address, by J. N. Field; Recitation, by Mrs. Dr. Ihrig; Address, by Hon. W. R. Breen; "Eclecticism" by Dr. Finley Ellingwood.

The following officers were elected to serve the ensuing year. President, C. G. Winter, Indianapolis; 1st Vice President, M. F. Baldwin, Marion; 2d Vice President, Q. Robert Hauss, Sellersburg; Rec. Secretary, H. V. Blosser, Chalmers; Cor. Secretary, W. P. Best, Indianapolis; Treasurer, A. H. Hollingsworth, Urbana. The next meeting will be held at the call of the officers. Resolutions were passed urging the National to meet at Indianapolis in 1903.

The Eclectic physicians of Oklahoma met at Hotel Lee, Oklahoma City, May 6, 1902, and proceeded to organize a Territorial Society to be known as the Oklahoma Eclectic Medical Association, duly chartered, and adopted a constitution and by-laws, and elected permanent officers for the ensuing year as follows: President, W. H. Davis, of Chandler; Vice President, D. N. Montgomery, Franklin; Secretary, E. G. Sharp, Orlando; Treasurer, T. A. Love, Ripley. Next meeting at Oklahoma City, May 5, 1903.

The Commencement Exercises of the Eclectic Medical College of the City of New York were held May 15th in Carnegie Lyceum. The program consisted of invocation, by Rev. A. C. Morehouse; report of faculty, by Dr. George W. Boskowitz, Dean; address by Rev. Louis A. Benks; conferring of degrees by W. R. Spooner, LL. D.; and the valedictory by Rev. A. C. Morehouse.

JOHN KING HOSPITAL.—The Eclectics of St. Louis have incorporated the John King Hospital Association and have purchased a lot and intend erecting a modern hospital at a cost of \$40,000. The incorporators are Drs. Younkin, Standlee, Hamlin, Kinzie, Stephens, Upshaw, Helbing, Steele and Hudson. In reference to the project the American Medical Journal for April says editorially: "The John King Hospital is to be made one of the most modern and attractive in the city of St. Louis, and when completed, the aim is to make it for Eclecticism and what he was, after whom it was named—a superb exponent of Eclectic Medicine and Surgery—John King."

The annual meeting of the Kentucky Eclectic Medical Association, which was in the nature of a reorganization, was held in the parlors of the Louisville Hotel, Louisville, May 6th. The following permanent officers were elected. Pres. Geo. T. Fuller, M. D., Mayfield: Rec. Secy. L. O. Wood, M. D., Hopson; Corres. Secy. J. M. Wells, M.D., Vanceburg. Treas. R. T. Rudd, M. D., Fulton.

The meeting convened at 10 A. M. with the following papers and discussions. Typhoid Fever by Dr. J. M. Wells, discussed by Drs. Wood and Felix. Acute Pneumonia by Dr. Rudd, discussed by Drs. Farabough and Fuller. Cerebral congestion, case by Dr. Mitchell, discussed by Drs. Ruble and Wells. The afternoon opened by a paper by Dr. Coon, discussed by Dr. Munroe—hyoscine hydrobromate in the treatment of the drug habit by Dr. Fuller. Chronic pleuritic effusion by Dr. Askenstedt; Diseases of the Nose & Throat by Dr. Mann, discussed by Drs. Hart & Hauss. Organization by Dr. N. A. Graves of Chicago, dis-

THIS JOURNAL

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cussed by J. K. Scudder and W. E. Bloyer of Cincinnati, and several visiting Homeopathic physicians.

The society amend their by-laws to admit homœopathic physicians, and a half dozen joined. A motion was carried to instruct the legislative committee of the society to act in harmony with the similar committee of the homeopathic society of the state. About thirty physicians were in attendance and the members showed great enthusiasm, and the future looks very bright for the organization. The next meeting will be held at Louisville, May 6 and 7, 1903.

The West Virginia State Association convened at the residence of Dr. J. A. Monroe, Wheeling, May 13, and 14. This meeting was for the purpose of re-organization, and to start anew with the hope and determination of overcoming an apparent apathy that has existed for several years. The meeting was a success; every one expressed encouragement for the future. While the attendance was not what it should have been, what was wanting in numbers was made up in good feeling and enthusiasm, and we predict from the earnest and hard work that will follow, an outpouring at next year's meeting at Wheeling that will equal that of any other State in the union. Several papers of unusual merit were read and discussed. The following officers were elected for the ensuing year: W. L. Werner, President; L. M. Ross and W. F. Crow, Vice Presidents; L. N. Yost, Treasurer; and J. A. Monroe, Secretary.

R. C. W.

READING NOTICES.

A MASTER OF HISTORY. The Chicago, Milwaukee & St. Paul Railway, popularly known as "The St. Paul Road," began the use of electricity for train lighting in 1888. In that and many ways it has been a pioneer in the adoption of comforts for the traveler. In building the world famous Pioneer Limited trains a mark was set in luxury and beauty of cars that has never been equalled, and probably never will be.

TRAVEL LIKE PRINCES. Those who saw the special train in which H. R. H. Prince Henry of Prussia made his tour of the United States are comparing it with other trains in regular service, and it is admitted that none of the cars in the train compare favorably with the buffet, compartment and standard sleeping cars of the Pioneer Limited trains of the Chicago, Milwaukee & St. Paul Railway in daily service between Chicago, St. Paul and Minneapolis. The people of this country have the satisfaction of knowing that at any time they can not only travel like Princes, but can get much better service.

A NEW DEPARTURE. The Chicago, Milwaukee & St. Paul Railway has recently put in service on its Pioneer Limited trains the largest and handsomest dining car ever built. It is 82 feet in length from tip to tip, and its body is 6 inches wider and higher than the usual dining car. It seats 36 people comfortably in movable chaires, and has a kitchen large enough to permit the working of six cooks which with six waiters and a conductor make up the crew. The dining cars heretofore in service did not provide sufficient space to properly care for the large number of patrons of the Pioneer, so that it became necessary to have a larger car.

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CINCINNATI, JULY, 1902.

No. 7.

ORIGINAL COMMUNICATIONS.

THE ECLECTIC MEDICAL INSTITUTE, OF CINCINNATI, O.*

By Harvey W. Felter, M. D., Cincinnati, O.

THE ECLECTIC MEDICAL INSTITUTE is the parent school and leading exponent of the American Eclectic system of medicine. It is the direct successor of the *Reformed Medical School* of Cincinnati (1842-45.) The latter was the successor of the medical department of Worthington College, at Worthington, O., and denominated the *Reformed Medical College of Ohio*, but later known as the *Worthington Medical College*. The medical department at Worthington was the western branch of the *Reformed Medical College of the City of New York*, the latter being the first Reformed medical school in America, and the outgrowth of a reform medical movement inaugurated in 1825 by Dr. Wooster Beach.

The Eclectic Medical Institute was founded by Dr. Thomas V. Morrow, who had previously conducted the school at Worthington. He was a physician of unusual attainments and ability, and a medical pioneer of great persistence. He was ably assisted by Drs. Alexander H. Baldridge, Benjamin L. Hill, and Lorenzo E. Jones. These gentlemen, together with Drs. Hiram Cox and James H. Oliver, comprised the first faculty. The college is located at 1009 Plum street. For many years it fronted at 228 west Court st. It was chartered by a special act of the Ohio Legislature, March 10, 1845, Col. James Kilbourne being especially active in securing its incorporation. The old Institute building has been twice visited by fire, and partially destroyed. The present building was erected in 1871, and dedicated with impressive ceremonies.

* This article was prepared for a "History of Cincinnati Schools," and is necessarily condensed.

In 1849-50 there was added to the college faculty a chair on the Principles and Practice of Homeopathy, ably filled by Dr. Storm Rosa, of Painesville, O. His lectures, barring a few delivered in the Institute by Prof. H. P. Gatchell before Dr. Rosa took his chair, were the first homeopathic lectures delivered in the West. In 1850, a class of six, the first homeopathic graduates in the West, were given both Eclectic and homeopathic diplomas. The chair was then abolished. The rise and progress of the school was rapid, it having graduated in its first ten years 593 physicians. The teachers of this period were men of great purpose and of some prominence. Among them, besides those mentioned were, Drs. Joseph Rodes Buchanan, Horatio Page Gatchell, Wooster Beach, Ichabod Gibson Jones, Robert Safford Newton, Zoeth Freeman, John Milton Sanders, George Washington Lafayette Bickley, John Wesley Hoyt, John King, and William Sherwood. The talented Daniel Vaughan, and the author, scholar, and distinguished jurist, Johann Bernhard Stallo, also taught in the Institute during its first decade. The only teacher of the period prior to 1856, now living, is John Wesley Hoyt, LL. D., M. D., ex-governor of Wyoming, and now secretary of the National University Committee.

In the spring of 1852 a visionary and almost suicidal scheme, that of free professional education, the cherished plan of the dean, Prof. Buchanan, went into operation. This occasioned disruption of the faculty, and nearly wrecked the school. This movement fortunately came to an end in 1856, and tuition was charged on the original plan. In 1850, Prof. Hill issued the first strictly Eclectic text-book—Hill's *Eclectic Practice of Surgery*.

Not unlike the more notable medical colleges of this country, the Institute was not without its trying days. In 1856, owing to bad financial management, the crisis came, and discord and disruption prevailed. A portion of the faculty was expelled, the law was invoked and the dean and treasurer of the school sustained by the courts. The majority and abler members of the faculty formed a rival school denominated the Eclectic College of Medicine, which, after a career of something over three years, reunited with the parent school in 1859. The Institute now stands god-mother to the graduates of this school, renewing their diplomas when destroyed. From the time of the re-union of the schools, barring the depression during the dark days of the rebellion, the Institute has enjoyed a career of unparalleled success. To the heroic efforts and sound financial policy of Dr. John Milton Scudder, who entered the faculty in 1857, was due this period of renaissance and the present position of the Institute among the leading medical schools of the nation.

The Eclectic Medical Institute was the first medical college to open its doors to women. Prior to 1877, 36 women graduated from it as doctors of medicine. Owing to the fact that it is the leading Eclectic medical college in the world, its students come from every State in the union, from Canada, Europe, and the West Indies. Its graduates

are found in every State, and many of its alumni hold positions as professors in other Eclectic medical schools. The college organ, the *Eclectic Medical Journal*, together with its predecessor, the *Western Medical Reformer*, is the oldest medical Journal now published in the United States, having been established in 1836 when the Washington medical school was in operation. Besides innumerable journals, papers and addressees, the various members of the faculty have written over 100 books, medical and otherwise. The Exposition Universelle of 1889 (Paris) awarded to the Eclectic Medical Institute, for best collection of catalogues, orders of lectures, text-books prepared by members of the faculty, medical journals, etc., a silver medal and diploma. The collection was then deposited in the great Bibliotheque Medicale. To date (1902) the Institute has graduated 3743 physicians. No honorary degrees are granted. In connection with the school is the Seton Hospital, valued at \$100,000, and one of the best equipped of small modern hospitals. In close proximity to the college and open to its students, is the priceless collection of works on botany, chemistry, pharmacy, medical history, mycology, entomology, and so-called irregular medicine, constituting the Lloyd Library. Students are required to attend the clinical lectures at the city hospital.

The present requirements for admission and graduation are in accord with those of the American Medical College Association (regular), the Homeopathic College Association, the National Confederation of Eclectic Colleges, and the minimum requirements of the several State Boards of Medical Registration. The Eclectic Medical Institute was the first medical college in Cincinnati to adopt the four session course of study. Students applying for graduation must be at least twenty-one years of age, must have read medicine for four years, and attended four annual sessions of not less than 26 weeks, the last of which, at least, must have been in this college. The judgment of the faculty as to fitness of candidates for graduation is based on its knowledge of their general attendance, industry, character, and general habits, as well as upon the results of their final examinations.

"The Institute stands to-day the foremost exponent of the principles and practice of eclecticism. With a strong and earnest teaching force, its future is assured. It advocates the use of kindly curative remedies, and the avoidance of depressing or depletive medication. It advocates liberality of thought, the highest medical education, and the cultivation of professional dignity. It has taught and has been the pioneer in the study of indigenous *materia medica*, with special reference to specific indications and specific uses of medicines employed. It has contended for the best pharmacy possible, that the minimum amount of medicine may accomplish the maximum in results. Harmful medication as exemplified in excessive drugging, has been constantly opposed, heroic overdrugging having been one of the causes leading to the necessity for and establishment of an eclectic school. It has contended for the best preliminary training, the fullest

and most advanced medical education, for the simplest and purest of remedies, for exactness in medication, and for the ethics that govern gentlemen."

Besides those mentioned, the following, together with those who are named in the present (1902) faculty, have served as teachers in the Institute: Drs. Edwin Freeman, Andrew Jackson Howe, John French Judge, Charles Harley Cleaveland, Herod Daily Garrison, Eli Melvin McPheron, William Byrd Powell, Bishop McMillen, Harry Ford Scudder, William Nelson Mundy, Edwin T. Behymer, and Judge Fayette Smith.

Among the members of the faculties who have achieved distinction are the following: Wooster Beach, founder of the Eclectic school of medicine; J. V. Morrow, promoter of Eclecticism in the West, and founder of the Institute; Benjamin L. Hill, author of the first strictly Eclectic text-book (*Hill's Eclectic Practice of Surgery*), member of the Ohio and Michigan Legislatures, and consul to Nicaragua under Lincoln; Joseph Rodes Buchanan, medical philosopher, investigator, speculative reasoner, scientist, and general scholar, but who attained no eminence as a practitioner of medicine; Storm Rosa, first homeopathic professor in the West, and president of the first public meeting of homeopaths in the West (at Burton, O., in 1847); J. B. Stallo, distinguished lawyer, author, diplomat, and United States Minister to Italy under Cleveland; Daniel Vaughan, the most profound scholar and scientist Cincinnati ever produced; John Wesley Hoyt, Ex-Governor of Wyoming and originator and secretary of the movement to establish a National University at Washington, D. C.; G. W. L. Bickley, historian and adventurer, and chief of the famous order of the Golden Circle; John King, scholar, author, and father of American *materia medica*; William Byrd Powell, distinguished ethnologist and author of the *History of the Human Temperaments*; John Milton Scudder, author and originator of the doctrine of specific medication; Edwin Freeman, distinguished for long service as a profound teacher of anatomy; Herod D. Garrison, noted scholar, philosopher, and lecturer; Andrew Jackson Howe, foremost Eclectic surgeon of his day; F. J. Locke, 31 years a teacher of *materia medica*; J. A. Jeancon, scholar and author of international repute; John Uri Lloyd, noted chemist-pharmacist, and author of *Etidorhpæ* and the Stringtown novels; William E. Bloyer, editor of *Eclectic Medical Gleaner*, Ex-President of National Eclectic Medical Association, and President of National Association of Official Surgeons; and L. E. Russell, surgeon of national repute.

The following is the present faculty, with addresses, arranged in order of seniority of appointment:

Frederick John Locke, M. D., 1871—724 Monmouth street, Newport, Ky., Professor of *Materia Medica* and *Therapeutics*, and Dean of the Faculty.

John Allard Jeancon, M. D., 1874—740 Columbia street, Newport,

Ky., Professor of Clinical Diseases of Chest and Venereal Diseases.
John Uri Lloyd, Phr.M., Ph.D., 1878—Corner Court and Plum sts., Cincinnati, Professor of Pharmacy.
Rolla L. Thomas, M. D., 1887—792 East McMillan street, Cincinnati, Professor of the Principles and Practice of Medicine.
William Edward Bloyer, M. D., 1887—"The Lancaster," 22 West Seventh street, city, Professor of Didactic Surgery and Clinical Instructor in Medicine.
John King Scudder, A.M., M.D., 1888—1009 Plum street, Cincinnati, Secretary of the Faculty.
Robert Corbin Wintermute, M. D. 1890—129 West Seventh st., city, Professor of Obstetrics, Gynecology, and Pediatrics, and Clinical Diseases of Women and Children.
Lyman Watkins, M. D., 1890—Blanchester, Ohio, Professor of Pathology and Physiology.
William Lowrey Dickson, A.M., LL.B., 1890—703 Union Trust Co. Building, city, Professor of Medical Jurisprudence.
Harvey Wickes Felter, M. D., 1891—1733 Chase avenue, Northside, city, Professor of Anatomy and Chemistry.
Bishop McMillen, M. D., 1894—Columbus, Ohio, Emeritus Professor of Mental and Nervous Diseases.
Linus E. Russell, M. D., 1895—"The Groton," Seventh and Race streets, city, Professor of Clinical Surgery and Operative Gynecology.
John Reed Spencer, M. D., 1895—952 West Eighth street, city, Professor of Electro-Therapeutics, Hygiene, and Physical Diagnosis.
Kent Oescanyan Foltz, M. D., 1898—105 Odd Fellows' Building, city, Professor of Didactic and Clinical Ophthalmology, Otology, Rhinology, and Laryngology.
George William Brown, M. D., 1895—229 East Fifth street, Ky., Demonstrator of Histology, Pathology, and Bacteriology.
Emerson Venable, A. B., 1897—3649 Vineyard Place, city, Instructor in Physics and Latin.
Edwin Ricker Freeman, M. D., 1901—Seventh and John streets, city, Demonstrator of Anatomy.
Charles Gregory Smith, M. D., 1901—224 Dorchester avenue, city, Demonstrator of Chemistry.
(For further information consult *Felter's History of the Eclectic Medical Institute, 1845 to 1902.*)

ELECTRO-THERAPEUTICS.

By J. R. Spencer, M. D., Cincinnati, O.

[Continued from page 304.]

ELECTRO-PHYSIOLOGY is the science that treats both of the laws of animal electricity, and also of the effect caused by the action of electricity upon the body in health.

Nerves and muscles are said to be in a state of irritability when they conduct the natural stimulus of the body, or respond to artificial stimulation. They show their irritability when they carry on the natural processes of life; in this way, they manifest nerve force. This

irritability is lost in certain diseased states, but under most circumstances it continues during life, and begins to diminish at death; in warm blooded animals, it usually ceases within one hour after death, but in cold blooded animals, it may continue for one month, if the body be kept cool, so putrefaction does not take place. The term electrotonus is used to describe the modification of irritability that nerves and muscles undergo when acted upon by the galvanic current.

At the positive pole of a galvanic current there is found a diminished irritability; this is described by the term anelectrotonus; the increased irritability that is found at the negative pole of the galvanic current is described by the term catelectrotonus.

When the sparks of statical electricity are applied to the skin, a pricking sensation will be experienced; if the current be very strong, the skin will become red and a papular eruption may appear.

When a dry electrode connected with a faradic current is applied to the skin in a dry state, it will meet great resistance; the first effect will be anaemia; the calibre of the blood vessels will be lessened through the influence of the current upon the vaso-motor nerves; within about three minutes, this anaemia will give way to hyperaemia; the skin will become red and will remain so for a variable length of time, depending upon the strength of the current used. At the time of these manifestations pain will be felt; this is due to the irritation of electricity upon the sensory nerves. A very fine, or a very rapidly interrupted faradic current, has a more marked effect upon the sensory nerves than a coarse, or slowly interrupted current has; this fact can readily be noticed in treating neuralgic conditions, as more pain will be experienced from the use of the fine faradic current. The negative pole will produce a much stronger effect upon the nerves of sensation and motion, than the positive pole; the difference will be so marked, that when the poles are held in the hands, one can easily be distinguished from the other. The relative sensitiveness of the surface of the body at different points will depend upon the richness of the sensitive nerve supply at those different points. When the faradic current is applied to the skin covering bones very near the surface, an irritation of the sentient nerves of the periostium will result and pain will be produced. Bones treated in this manner will receive an increased supply of blood; this will assist in the reunion of the fragments of bones in old fractures.

The epidermis is a very poor conductor of electricity, so the electricity enters the body through the sudoriferous and sebaceous ducts, as they are better conductors.

A condition of the skin under the use of the faradic current, known as "goose flesh" is sometimes produced. It is noticed more often on the skin of nervous and feeble patients, and may be produced by a weak current for a very short duration. It is impossible to produce this condition of the flesh on some people under any circumstances.

When the galvanic current is applied to the skin with dry electrodes,

there will be a burning sensation at each pole which will increase as the strength of the current and length of the time of making the application are increased.

The "goose skin" will sometimes show itself under the use of the galvanic current as it does under the faradic current, and usually lasts longer.

There will also be some manifestations of anaemia and hyperæmia in connection with the application of the galvanic current. Occasionally on a delicate skin, after a strong galvanic current is used for a considerable length of time, small vesicles containing a liquid will appear; they are often slow to heal. If the current be used very strong, blisters and ulcers will result at the point where the positive pole comes in contact with the skin. The larger these blisters or ulcers are, the more difficulty will be experienced in an effort made to heal them.

ELECTRO-ANÆSTHESIA.—It was thought for a long time that currents of electricity had anaesthetic properties. Dentists have been known to connect one pole of a battery with forceps for the extraction of teeth, and have the patient either hold the other pole in one hand or connect it with his foot, in order to bring the tooth in the circuit when it is seized for extraction, so as to get the anaesthetic effect of the current to prevent pain attending the extraction of the tooth. This method of producing anaesthesia when teeth were extracted has not grown into great favor, as it is not efficient, although it will lessen the pain to some extent. It is a well established fact that a certain anaesthetic or numbing effect is always produced under the application of strong electric currents, but this anaesthesia is not so effectual as can be produced by many local medicinal applications in general use. It is now believed that the anaesthesia produced by strong electric currents is really a paralysis of the superficial nerves of sensation.

ACTION OF ELECTRICITY ON THE BRAIN AND CORD.—When one pole of a galvanic current is placed on the forehead, on the, occiput or on the top of the head, and the other over the stomach or any other part of the body, galvanization will not be followed by vertigo, but if a pole be placed on each temple or on each mastoid bone, a very slight current will produce marked dizziness. When electricity is applied to the spinal cord by placing a pole of the battery at each end of the spine, rigid cramps of the muscles of the body and extremities will follow.

These muscular contractions take place, when the galvanic current is used, at the time the circuit is opened or closed. If the galvanic current be very strong, and be used for a considerable length of time, paralysis of the cord may follow. When electricity is applied to voluntary muscles, it will cause them to contract immediately; this is done in two ways: 1, by applying the electricity to the motor nerves; 2, by applying the current directly to the muscles.

When the current is applied to the muscles directly, only those

muscles between the poles will contract, but when the current is applied to the motor nerves, all the muscles supplied by those nerves or their branches will contract.

When the galvanic current is used, the contractions take place not only at the time of opening or closing the circuit, but also when the current is varied in some way, as by increasing or lessening the number of cells, or by introducing an independent current; the force or vigor of the contractions will depend upon the suddenness of closing or opening the circuit.

When the induced current is used, the contractions are carried on constantly, owing to alternating character of the current. The contractions of the muscles in contact with the negative pole will be greater than those in contact with the positive pole.

If the will of the person to whose muscles the electricity is applied, be exercised to assist in making the contractions, they will be much more easily and forcibly contracted. The will co-operates with the electricity to reinforce it, and more is accomplished. This fact is of especial importance in treating weak or partially paralyzed muscles.

Electro-muscular contractility is the susceptibility of a muscle to contract under an electric current.

Electro-muscular sensibility is the sensation that accompanies the contraction of a muscle by an electric current.

The electrization of a muscle will strengthen it and enable it to do harder work for a longer time without exhaustion. In adipose people muscular contraction are not easily produced by electricity, as adipose tissue is a poor conductor.

The temperature of any part of the body is increased by electrification; this can be detected by the hand of the operator or by a thermometer; this increase of heat is due to the chemical action of the current, producing decomposition of nitrogenous material.

When electricity is applied to involuntary muscular tissue, it does not respond immediately, as the voluntary muscular tissue does, but begins its contractions after a short delay; it continues to contract for a short period of time after the application of the current ceases, while the contractions of voluntary muscular tissue cease as soon as the flow of the current ceases.

When either current is applied to the stomach, there will be a gradual shortening of both the transverse and longitudinal muscular fibres; this will mostly occur in the direction from the cardiac to the pyloric end of the stomach.

When needle-electrodes are applied to the intestines of a recently killed animal, steady contractions gradually take place until the intestines assume a tucked appearance; the calibre of the intestines is lessened; this partially explains why electricity is of especial benefit in constipation. It is generally calculated that the electricity acts on the intestines when the electrodes are placed externally, as it does when it is applied by sharp needle electrodes directly.

Under the use of either current, the walls of the urinary bladder will become harder and firmer, the cavity will become smaller, and if there be any urine present, it will be expelled. The muscular tissues of the uterus, in a gravid or non-gravid condition, will contract like those of the urinary bladder, under the influence of either current; under favorable circumstances, a strong electric current is liable to produce miscarriage or a premature delivery.

The ureters are shortened and their caliber is lessened by the action of electricity upon them. The gall-bladder, under the use of either current, will act in the same manner as the urinary bladder, discharging the bile, when present.

The action of electricity upon the heart is a very complex study; up to this time, very positive conclusions have not been reached; its influence is exerted through the pneumogastric and sympathetic system of nerves by applying one electrode along the course of these nerves in the neck, while the other electrode is usually applied over the epigastrium. It is known that weak currents will increase the rapidity of the heart's action while strong currents will lessen its rapidity.

Electricity will act on the muscular coats of the smaller blood vessels, causing a lessening of their caliber; in this way, congestion of blood vessels can be overcome; the action of the currents upon the larger blood vessels is not so well marked.

The writer of this article has tried to deal with well known facts in connection with electro-physiology, and has avoided, as far as possible, theories or statements not well supported by positive information. Those who are much interested in this subject, can study it much farther by referring to several works written upon electro-therapeutics.

[To be continued.]

INSANITY.*

By George Snyder, M. D., Weston, W. Va.

IT is a question in our mind if any one can draw a line as to where sanity ends and insanity begins. Real conditions are no less startling than fanciful, and in fact often stronger than fiction. Hence, when we contemplate that subtle essence, the mind, we must realize that we are investigating one of the most complex as well as wonderful products of nature's handiwork; and the thoughts and observations of master minds, both past and present, must be studied, understood and appropriated for our use, before we can form any conception of the subject we wish to consider.

We shall not enter into a history of insanity, but content ourselves with what we deem the more practical part of the disease as it now exists. We are living in what may be termed a very intense age. We are doing the same things our fathers did before us, only more earnestly and better. This bettering of methods and intensity of pur-

* Read before the Eclectic Medical Society of West Virginia, May, 1902.

pose with which we toil, both with hand and mind, is largely responsible for very many of the ills that beset mankind. Excess in any form brings exhaustion, which in turn results in physical or mental suffering. As the great heart of the business world throbs, sending its life through the various channels of our industrial system, stirring our country from center to circumference, competition becomes greater, individual effort more intense, concentration of thought more uniform, and as a result a narrowing of the individual's intellectual spheres; men and women are becoming more proficient in a given line of work and more eccentric along a given line of thought and action, hence we have these eccentric individuals who, from concentration of thought become cranks, criminals, anarchists, etc. The first named class have acquired the neurotic temperament, which develops into one of the many forms of insanity, or the condition is transmitted to posterity, intensified by our social and business relations, to develop a generation of neurotics, who only need the exciting cause to develop insanity in some form. The criminal or moral degenerate may also suffer in his mentality, as is demonstrated by the syphilitic insane, the insane from the use of narcotics and alcoholics, or from masturbation or other sexual excesses.

The neurotic individual may be over cautious as to business ventures, easily discouraged, fearful of results in every undertaking. Add to this hereditary condition an exciting cause, and you have the suicidal mania, while he who is determined in all things when sane becomes homicidal when insane. As the mentality degenerates the animal nature becomes more pronounced, thus proving beyond the question of doubt that man is only superior to other animals in his reasoning powers, hence the self abuses among the insane, which in many instances is appalling; the passions seeming to dominate the whole being, no more modesty existing than in the lowest form of animal life.

The physician who is a close observer of his patrons notes the peculiar neurotic temperament of certain families, and takes steps to avoid any exciting cause that may arise, especially if there is a family history to warrant such proceedings, by warning both patient and friends of any impending danger; also by keeping every bodily function as nearly normal as possible.

Melancholia makes its appearance gradually; the patient becomes discouraged, depressed, inclined to mope around, to be alone, and look on the dark side of life; they too are liable to be suicidal, and often homicidal; if a mother, her desire is to destroy her children and then herself. The worn and haggard appearance tells us of not only a diseased mind, but a body as well. In fact it has never been my observation that the mentality becomes impaired when all the bodily functions are properly performed. Again, the ablest physiologists have failed to find any structural differences in the brain of the sane and the insane, save syphilis, trauma, etc. May we not, then,

consider insanity as a symptom of disease rather than a disease? may it not be a call for relief of some physical or neurotic lesion, that with our present knowledge we can not understand? May not the discussion and consideration of these conditions lead to a better understanding of the same, and thereby avert the cause, or more quickly relieve the condition when it exists?

The reason I have spoken especially of monomania, melancholia, and hereditary insanity is because the general practitioner has more opportunity to study these conditions and treat these forms than the more violent, as I am sure that not one-half the melancholia patients ever are incarcerated in a hospital for the insane. The general health is restored, the nervous system is quieted, by the family physician, when nature completes the cure. The man who is becoming erratic along a given line of thought and action, is advised by his family physician, habits are changed, environments if possible are made more congenial, and the mind becomes more normal in its action. The man who would have become a monomaniac is saved.

But a question arises in the mind after all this has been considered, what must be done with those who become violently insane? Shall we advise keeping them at home, or commit them to an institution? If any one opposes us in our opinions, we are likely to go through life holding to a certain idea. Real conditions in life are not more real to us than the hallucination, illusion or delusion is to the insane. We still retain our reasoning powers, and can be reached by a process of reasoning, and convinced of our error in thinking or acting. In the insane reason is dethroned; it is evident that nothing can be accomplished along that line, how then can they be managed? Simply by being convinced that they have no power to control their own action. Discipline is the first pre-requisite in my opinion to recovery, and the sooner it is enforced after the attack the greater the percent of recoveries. But discipline may mean one thing to one individual, and something entirely different to another, but it should mean to all kindness, yet firmness, never giving unnecessary orders, but seeing that all are observed to the letter, never promising without fulfilling, never gratifying a whim of either patient or friend when it would in any sense be detrimental. The food should be plain, nourishing, and easy of digestion and assimilation; the clothing light, loose, and comfortable. Exercise should be taken regularly out of doors when the weather will permit. All medication should be directed towards the restoration of natural functional life. Good, healthful literature for those of literary taste, light work for those who are industrious, innocent games for others—in short, anything which is not injurious or dangerous can be engaged in that will divert the mind from the original trouble, and will be beneficial and hasten recovery.

The prognosis of a given case is something to be considered. Will the patient survive or perish during the present attack? If acute mania be the type, you will do well to consider carefully the general

physical condition, and then carefully weigh the chances. If he lives, how long will it take to effect a cure? If recovery ensues will it be permanent, or will he have a subsequent attack in which he may die or remain insane?

Prof. Kellogg says that out of one hundred attacked the first time, seventy died insane, either during the first or a subsequent attack. About fifty percent recover from a first attack, but of these about twenty again become insane. Another notable fact is that the mortality among insane persons is about five times what it is among the sane; it is also greater among men than women. The season has much to do with the mortality, the rate being much higher during extreme heat or cold. It is natural that the young and strong would be more likely to survive than the aged and infirm. Usually where death results in a few days or weeks it is from cardiac failures, impaired nutrition, or insomnia; though it is claimed by Gowers that they frequently die of acute mental exhaustion, without any visible organic lesion.

In melancholic and emaciated cases, consumption, bronchitis, pneumonia, or edema of the lungs, frequently leads to a fatal termination. There are certain forms of insanity which always have a bad prognosis, such as paresis, syphilitic and alcoholic dementia, and usually result fatally in from three to five years. The mental disorders arising from brain lesions, such as hemiplegia, cerebral hemorrhage, and brain tumors are usually not only hopeless but fatal in from two to five years; hence we must, in making our prognosis, not only take into consideration the conditions named above, but the constitutional and hereditary conditions as well.

As a rule the great danger to life has passed in a few months from existing physical conditions, and your patient is either drifting into one of the chronic forms of insanity or recovery, as 75 per cent of the recoveries occur within a year, provided the patient is placed at once under proper restraint and treatment. When the disease is inherited either directly or indirectly, we should be very guarded in our prognosis, for, while the patient may have lucid intervals for weeks and even months, there is always danger of recurrence on the least provocation. Beware also of the patient who is very insane, and in a few hours becomes perfectly rational. Such cases are not permanent.

The most favorable signs of recovery are good sleep, good appetite, good digestion, and a general sense of well being, both physically and mentally, both assuming the normal condition gradually and systematically. But he who improves physically and remains stationary in his mentality, is most likely lost to himself, his friends, and the world, hopelessly insane.

TYPHOID FEVER.*

By J. M. Wells, M. D., Vanceburg, Ky.

IT is not my intention in this paper to enter into a discussion of the diagnosis or prognosis of this disease, but to state some facts, simply, plainly, as I have observed them.

No ready made, or hand me-down plan of treatment can be made to conform to the successful treatment of this disease in different individuals, because of the patent, and palpable fact, that no two individuals are exactly alike in the minutia of their make-up. There may be some general plan which may be observed, executed, and applied to all cases, but the finer points (and these are the ones that make for a favorable termination of the malady) can not be so outlined.

The only way to successfully manage the disease is, to take the measureable manifestations minutely, even to the ten-thousandth part of a millimeter, cut the cloth, and make the garment to fit the form; what I mean by this is, the close and constant application of specific diagnosis and medication.

This minute measure, this close observation of all indications should be taken every day, whether the garment is altered or not; if we have learned our lesson well, we will need no bushelman, but the prescription will fit from the first, and will need to be changed only as the indications change.

When treating typhoid fever far in the country, when the family have no previous training, and when visits are to be made at intervals of three or four days only, a card with the following instructions printed on it is sometimes left on the medicine glass. "Maintain the recumbent position at all times. Liquid diet every four hours. Ice cap to the head for delirium. Enema every-other day if bowels do not move. Follow closely physician's directions."

Any attempt to outline a plan of treatment to fit all cases further than this, will meet with failure and disaster. It would be just as reasonable to expect to go into a ready-made clothing house and procure a neatly fitted suit of clothes, as to expect any previously outlined plan of treatment, treatment, to fit all cases from start to finish. The physician who depends on, and applies plans of treatment, is no whit better than the proprietary medicine vender, and by such conduct, he lowers the medical standard, degrades the profession, and places himself on a level with the druggist; and the climax of his culpability is reached, when by his failure to rightly inform himself, he becomes indirectly responsible for the life of his fellow man.

My plan is to do whatever I see to do, that in my best judgments seems to need doing. To particularize, I advise when called early, if the tongue is foul, abdomen full, tissues full, veins ditto, podophyllin in full and efficient doses till the bowel is well emptied, but not to irritation, then let them alone for the rest of the entire period. Next,

* Read before the Kentucky Eclectic Medical Association, May, 1903.

select the indicated sedative veratrum, aconite, gelsemium, and associated with it the indicate antiseptic, baptisia, rhus, sulphite of soda, or sulphurous acid, about the second week the special sedative will need to be changed for digitalis, and perhaps strychnia, the last two are indicated if the heart is weak, and are not contra-indicated by an elevated temperature: Do not expect the temperature to come down so long as you have a distended condition of the abdomen, and bring best forces on this field to the alleviating of this condition, for heron hangs the law and gospel of treating typhoid fever to a successful termination.

To this end we will look well to the dietary of the patient. Only such foods as we know can and will be digested, will be permitted.

Eggs in all forms must be prohibited from first to last; this I know will meet with antagonism, for many physicians prescribe eggs as a food in fevers, but experience has demonstrated to me, that one egg in the belly of a typhoid fever patient, will generate gas enough to light a city (his city) to a flaming fever. Perhaps the food most frequently prescribed, is sweet milk, and this in my opinion is the veriest devilment developer ever listed as a food for man, sick or well: beside being a pool for poisons, an edenic garden for germs or bacteria, a ready absorber of every foul and noxious gas in pantry and cellar, it is a constant carrier of the excrement of the cow from which it is obtained, and which can neither be filtered out, or sterilized out by heat, and when taken into the stomach, it quickly forms into a curd, which requires hours to be broken down and fitted for assimilation, and last, not least, nature never intended it to be used by man, except in his toothless periods, viz, the two ends of his existence.

Liquids are the only foods permissible in enteric fever, and until something better is thought of, and elaborated, we will be compelled to order animal broths, beef tea, soups, koumysgen, and butter milk. To most patients butter milk is grateful to the taste: It is nutritious, easily assimilated, because partly predigested, the casine broken up, and the poisons precipitated by the chemical fermentative action.

The writer once carried a patient through a six weeks siege of typhoid fever on butter milk alone, and at the end of the attack, her condition was as good as is usually found in this malady.

Owing to my limited time and space, I can not hope to call your attention to but a few meager facts concerning this dread disease, and will mention only one other important process for abating the fever, viz, alcohol baths. Add alcohol ij oz., to water one j qt., and have the patient bathe for ten minutes every four hours, and you will be pleased with the result, not only as an antipyretic, but as a cleanser of the skin, and a promoter of the secretions.

What I desire most to call attention of the society to is, the influence of the two waters of this state on the disease under consideration.

Having had the opportunity to observe the disease in both the lime-stone and free-stone sections of the state, I note the following facts:

In the sections abounding in free-stone water the disease is met with less frequently, runs a milder course, and the fatality is much less. May this not be a pointer to a better treatment of the disease?

In concluding this short paper on the treatment of typhoid fever, I want to urge upon you the importance of never failing to utilize the power of suggestion, in expression, act, and word.

On your second visit, say to him, "you are looking better this morning" (and if you have done your duty he should look better) and you must reflect this expression from your face. At the next visit you say, "you are feeling better this evening, you do feel better!". Finally to your question, "how are you this morning"? he will say *all right!* then you have him "on the hip," and you say, "that is the way to talk it," and you keep this up, and one morning you walk in and find him lying on his side, then you know he is on the right road to recovery.

There is more in the power of suggestion than is dreamed of by the millions!

SPEECH.—BY ELLA WHEELER WILCOX.

Talk happiness. The world is sad enough
Without your woe. No path is wholly rough.
Look for the places that are smooth and clear,
And speak of them to rest the weary ear
Of earth; so hunt by one continuous strain
Of mortal discontent and grief and pain.

Talk faith. The world is better off without
Your uttered ignorance and morbid doubt.
If you have faith in God, or man or self,
Say so; if not, push back upon the shelf
Of silence, all your thoughts till faith shall come,
No one will grieve because your lips are dumb.

Talk health. The dreary, never-ending tale
Of mortal maladies is worn and stale.
You can not charm or interest or please
By harping on that minor chord, disease.
Say you are well, or all is well with you,
And God shall hear your words and make them true.

CASE IN PRACTICE.

By W. L. Griffin, M. D., Lamar, Mo.

ON December 14th, 1901, I was called to attend Mrs. M. in her second confinement. Everything went off all right, and when the child was born I found a dislocated knee of the left leg, with toes resting on abdomen. Could not find formation of patella upon reducing dislocation, and while getting a splint of pasteboard (angular) ready for adjusting, and while the grandmother was holding the child, suddenly the foot was drawn up on the abdomen. Then I said to myself, I will let it remain there until everything is ready to bandage

and retain in place. I made up my mind that the best position, if there was to be an ankylosed joint, was at an angle backwards, or in a natural position, and I felt that in such a young subject I might get a bony deposit in the patella. I kept the angular splint on for ten days, then had a large splint made with hook and staples for changing the position, and had splint removed every other day after a week, thus watching closely the deposition of bony tissue formed in the patella. I called on the 8th of April, 1902; I carefully examined both knee joints, and am very glad to report a perfect use of the joint in every respect—so much that one can not tell which was the affected joint.

[The new-born child may exhibit numerous abnormal conditions; these may vary from a slight malformation or distortion, to every degree of defect known to teratology, even including the most hideous monsters. The etiology in such cases is obscure, probably often consequent upon abnormal conditions during the process of development. Fractures and luxations are not uncommon; sometimes an illy developed or atrophied member is present, possibly resulting from a disturbed circulation of the part, encircling of the funis, undue pressure, or to an anomalous development of the articular cavities. In the case cited above, no doubt there existed a developed and displaced patella, an unusual position in utero during gestation, marked contraction and shortening of the extensors of the part until they became and acted as flexors. Many of the defects noticed at birth are due to extreme violence, likewise to oligo-hydramnios (scant amniotic fluid), allowing the uterine walls to contract about the foetal ellipse, thus interfering with development, as well as free normal movements of the child. Many of these accidents and deformities can be controlled by the application of a judicious and persistent treatment as soon as discovered. Dr. Griffin's management of the above case is to be commended, his treatment recovering for the child a normal and useful limb, who otherwise would have been one of the world's unfortunates—a helpless and unsightly cripple.—R. C. W.]

OLD SORE LEGS.*

By J. B. Monroe, M. D., Wheeling, W. Va.

I DO not know that I have anything new to offer in the treatment of varicose ulcers. The matter is well treated in Howe's Surgery and other surgeries published since his time; but I have found it is not a very simple thing successfully to treat and cure these old sores, and I thought a reference to the subject might bring out something from you that would be a benefit to us all.

In varicose subjects with enlarged veins radiating superficially in the skin, and with a sluggish flow of blood in the part, the exudation

* Read before the Eclectic Medical Society of West Virginia, May, 1902.

from the vessels may at any time, with or without external causes, become so abundant as to result in complete local stasis, followed by innutrition and death of the tissue. If the exudation is abundant, blebs may form and a superficial ulcer will result; but when the excessive infiltration involves the deeper layers of the skin, and the subcutaneous tissue dies, a deeper ulcer will be formed. Sometimes a varicose vein being thinned in its walls by stasis, will be ruptured by some external injury or violent muscular effort, discharging its blood externally or into the surrounding tissues, and ulceration may follow. These ulcers present all the characteristics of indolent or callous ulcers in an exaggerated form; they occur mostly in persons past the middle of life, many times in pregnant women, and especially in persons compelled to be on their feet most of the time. In cases of swollen, bluish discolored limbs, an eruption will often come, caused by some obstruction in the cutaneous follicles, accompanied by intense itching. It is almost impossible to keep from scratching. Once the skin is broken an ulcer is almost sure to follow, with no tendency to heal in such cacoplastic tissue.

In treating ulcers of the leg the treatment should be suited to the condition present. We have what is called the healthy ulcer, where granulations are rapidly forming and the immediate vascular supply is abundant through the quickly forming new blood channels; the sloughing ulcer, and the hemorrhagic ulcer, where vessels give way and large quantities of blood may be lost; an application of the stypic salts of iron, with definite pressure by bandage, will usually control such condition.

Where ulcerations are extrusive and refuse to heal completely, grafting alone can complete the cicatrization. In a case at West Liberty, West Va., a number of years ago, I coaxed a large sore to heal in an old woman of color, by transplanting small pieces of skin from my arm.

Where grafting is necessary, Dr. Abbott, of Chicago, reports frequent success by scattering over the sore asepticized epithelial scales from the horse. He washes clean the side of the horse, lets it dry, then takes a clean currycomb and obtains the quantity of scales he desires, dries and applies them to the cleansed ulcer. I have never tried this plan, but will do so if occasion arises, rather than snip any more skin from my arm.

Dr. Bloyer, of Cincinnati, reports success in treating varicose ulcers by applying carbolic acid, glycerine and water—say, carbolic acid 3ij, glycerine 3iiij, and distilled water to make a pint. He cleanses the ulcer, applies a flannel bandage and keeps the leg wet or moist with the mixture. I have tried it once—the ulcer got well. There are objections to this plan if it has to be used in the winter. His theory is good. You have the antiseptic and anesthetic and antipruritic effect of carbolic acid, the depleting effect of glycerine, with the softening and cleansing effect of pure water.

The plan I usually pursue is to have a good bandage of white flannel $3\frac{1}{2}$ inches wide and fifteen feet long. I cleanse the ulcer thoroughly, using asepsin soap and warm water, then dry the ulcer and apply peroxide hydrogen until bubbles cease to form, then dry again and apply a powder, Berolide, composed of acetanilid, boracic acid, eucalyptus and thymol, then apply gauze smeared with Mayer's ointment. On this, beginning at the toes, a bandage is firmly and evenly applied to above the knee. I wash and dress the leg every other day at first, then less often as the discharge lessens and the healing progresses. If care is not used in washing, the delicate granulations will be disturbed and healing retarded.

Where dead tissue lies at the bottom of the ulcer, and is attached to the edges, it is necessary to curette. I sop the ulcer thoroughly with a strong solution of cocaine, and cleanse it out well down to the red flesh before dressing. I have found it an advantage in some cases to cauterize an indolent ulcer with melted crystals of carbolic acid to stimulate the healing. In soggy, edematous tissue, a small, deep ulcer will often do well if filled full of iodoform before bandaging.

In these cases it is absolutely necessary to look well to the general health, and see that all the processes of life go on as well as may be. Tonics, alteratives, and restoratives are often indicated. I often use Howe's acid solution of iron. Iodide of arsenic is another favorite. In many cases absolute rest in bed, or the foot elevated on a chair, is essential to recovery.

I had a case once, a farmer's wife, who would not keep off her feet in spite of all I could say, but continued to work. Fortunately for me, and her too as far as the ulcer was concerned, she was taken down with typhoid fever. In six weeks the fever and ulcers were both cured. Patience, perseverance, cleanliness, good bandaging, and most of these sores can be healed. Once the leg is well, a properly fitted silk rubber stocking should be worn as a precaution against ulcers forming.

SPECIFIC REMEDIES AND THEIR INDICATIONS.*

By F. J. Nifer, M. D., Brimfield, Ind.

HYOSCYAMUS OR HENBANE.—This is a powerful narcotic, anodyne, sedative, and antispasmodic. It does not produce constipation as does opium but oftentimes acts as a laxative. It is a stimulant, and also allays irritation, acting upon the cerebro-spinal centers, producing sleep. Occasionally we find cases where it produces opposite effects in the same sized dose, producing sometimes delirium as if the person were intoxicated. I found two such cases in a hundred treated. In large doses hyoscyamus dilates the pupil, but does not arrest the secretions as morphine does.

* Read before the Indiana Eclectic Medical Association, May, 1907.

Uses.—In hepatic colic from obstruction of the gall duct, passing of gall stones, renal colic, neuralgia, rheumatic pain, and inflammation of any of the serous membranes, accompanied with more or less pain, and insomnia from simple cerebral hyperemia. From the experimental view we must conclude, unless in very large doses, hyoscyamus is not so much a narcotic soporific as anodyne, for it numbs the hind legs of dogs and the lower limbs of men, thus indicating that it depresses the spinal functions, acting as a cerebral excitant and mydriatic. Dose of the specific medicine, one-half to five drops. Hyoscyamin, 1-60 grain to 1-100 hypodermically.

Ergot (Specific Medicine).—Its therapeutic action is prompt, yet it has its failures. Mostly administered as a parturient, but it should be avoided when the os uteri is rigid and foetus high up, as it endangers the life of the child by strangury. It is only to be administered when the parts are soft and relaxed, the child well down, accompanied by a lack of uterine energy, and when two to three grains of quinine (repeated in an hour) does not bring on regular labor contractions (pains). Used also in menorrhagia, post-partum hemorrhage, hemoptysis, hematuria, and capillary hemorrhage.

If ergot is too long continued it produces scanty secretion of the urine, high colored, due to the contractions of the arterioles, and will produce the same effect in other organs; also coldness of the skin, pinched and shrunken, with a leaden color, as if exposed to cold—cyanotic. I gave a case in emergency, with profuse uterine hemorrhage, 20 drops fl. ext. ergot, which produced palpitation of the heart, dyspnoea, numbness of upper and lower limbs, dizziness (vertigo), tinnitus aurum, dimness of vision with black spots before the eyes, and faintness—patient thought she was dying.

Antidote.—Hypodermic of 1-60 gr. strychnine, nitro-glycerine solution 1 m, digitalin 1-100 gr. It was the ergotic acid which produced the above effect. The aseptic ergot, deprived of the ergotic acid, did not produce it.

SETON HOSPITAL REPORTS.

BY PROF. L. E. RUSSELL, M. D.

CASE 15.—A boy about 15 years of age was referred to the clinic by Dr. Beane, of El Dorado, Ohio. The case had recently come into the doctor's care, and he at once recognized it as tuberculosis of the tibia. The patient was partly prepared for an operation before leaving home, and it was one of the first clinics at the alumnal association meeting.

A letter S incision was made over the superior portion of the tibia curving in the center, and extending down to the inner malleolis. The skin and fascia was dissected up, and as much of the periosteum as seemed to be healthy was also turned back with the flap. This left

the bone exposed the whole length of the shaft. The leg was now placed upon a soft bag for the purpose of preventing bruising and jarring of the soft tissues, and to make a substantial rest for the limb.

We used a half curved chisel, and cut down to the center of the shaft of the bone from top to bottom, removing all sequestrum, and thoroughly curetting out the diseased cancellate structure. The cavity of the bone was filled with iodoform emulsion and thoroughly packed with iodoform gauze, allowing exit for the withdrawal of the gauze, and a way for the injection of other iodoform emulsion and peroxide of hydrogen, should the osseous structure not appear to be doing all right.

The skin and fascia and periosteum were then stitched back in place by the intradermic method. I think this is the proper way of dealing with these lesions, as it minimizes as far as possible any further invasion of the tuberculosis bacillus, and allows the proper access to the diseased tissue.

CASE 16.—Mrs. G., referred by Dr. Timmermann, of Leipsic, O., on account of hystero-epileptic seizures, which had been in progress for the last 15 years, always very severe during the week of the menstrual period, sometimes lasting for several hours. By the advice of her physician and those in consultation, the patient was willing to submit to a vaginal hysterectomy, which was performed, removing the appendages with the uterus. The patient had two attacks within 48 hours following the hysterectomy, due probably to the excessive traumatic tissue and secondary shock. After the fourth day the patient's temperature was within a degree of normal; there was no discharge of pus at any time, and she made an uneventful recovery.

The operation was done a little different from my manner of operating in this, that the uterine arteries were clamped with a hemostats, and an intrusion made through Douglas cul-de-sac, inverting the uterus, and pulling down into the introitus of the vagina the ovaries and tubes, and clamping of the ovarian artery and broad ligament, after which the appendages and uterus were removed without the loss to exceed a teaspoonful of blood. Then between the two forceps on either side, I inserted the full width of iodoform gauze for drainage. This is allowed to remain in for twenty-four hours. Then with my assistant, the lateral forceps were held steadily to either side and slightly pushed upward as the gauze is pulled down and removed. This I do within 24 or 36 hours following the operation, and replace a fresh piece of iodoform gauze, and then carefully remove the forceps by opening the blades, rocking them and separating the blades, taking one away at a time. I think 24 or 36 hours is long enough for the forceps to remain clamped on the tissues, and I have found now after an experience of two or three dozen cases by this method, that it can be more speedily accomplished than any method yet described. I believe in an ordinary case a person can do a complete vaginal

hysterectomy in from five to eight minutes without shocking the patient very badly.

I am firmly of the opinion all of these cases of hystero-epilepsy or epilepsy that is not of the Jacksonian or central type, the seizures will be eradicated by this method of operating. I believe I can report now something like a dozen and a half of cases of epileptic seizures controlled and cured by surgical procedure. It is well to put the patient on good anti-spasmodics for two or three months following the operation, as it helps to aid nature to assert herself in a proper manner.

CASE 17.—Mr. D., of Pomeroy, O., was referred to the clinic, on account of intense pain in the left knee. The patient accidentally shot himself with a 38 caliber revolver some twelve years ago, the ball entering the inner condyle and embedding in the osseous structure without doing a great deal of damage until within the last few months. The leaden missile had provoked necrosis and an invasion to the articular surface, which was producing lameness and pain.

I referred the patient to Dr. Taylor of West Seventh St., for an X-Ray or shadowgraph of the lesion. He was quite successful in producing a shadowgraph that showed the track that the bullet had cut through the bone, and the location of the bullet in the condyle. The only deception in the shadowing was that instead of being in the right condyle, the bullet had extended across the central line, and was in the center of the left condyle.

We made a free incision over the line of the entrance of the bullet, extending the cutting to the articular tissues of the joint. Then with a half inch trephine, an opening was bored two inches deep, until the instrument commenced to cut the leaden bullet; after which the chisel was used to excavate around the embedded missile, and then a gimlet was bored into the bullet for the purpose of extraction. It was accomplished with much difficulty. The patient was kept under the influence of an anesthetic for three hours, during which time we were faithfully attempting the extraction of all the lead and diseased osseous structure. This was eventually accomplished, and the patient left to sleep off the anesthetic, which lasted another half hour.

I believe this is one of the longest periods of profound anesthesia that I have ever been required to give in any surgical procedure. The bone opening was packed with iodoform gauze, the limb immobilized with plaster paris dressing, and the patient placed in bed. The second day, temperature was normal, and everything progressing nicely.

EYE. EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

STRUCTURE OF MUCOUS MEMBRANES.

Nearly all diseases of the mucous membrane are inflammatory, and the structure of this tissue should be well understood to intelligently understand the changes that occur, as well as for the treatment.

Mucous membrane is composed practically of three layers: *a*, external or epithelial cells; *b*, basement membrane, which supports the epithelial cells; *c*, submucous connective tissue containing the blood-vessels, lymphatics, and nerves.

The epithelial portion varies in the character of the cells and the number of layers, according to location and function. In open cavities it is necessary that it should be soft, moist and pliable. This is of the utmost importance in the nasal cavities, as the surfaces are constantly exposed to the drying action of the inspired air. As the character of the epithelial structure in this region is also protective, several layers are found, while in such places as require secretion only there is generally a single layer. The ciliated type of epithelium is found in all places where a protective or propulsive force is required, as in the anterior nares and bronchi.

Epithelial cells are miniature laboratories, in which the nutrition supplied is converted into mucus principally, and also according to location, chemical products. This being the case, it can readily be understood how morbid changes in the membrane will modify the product of the cells, and pervert the physiological action of the tissues, changing not only the chemical products, but also the character of the mucus, and retaining material that is both useless and detrimental. The character of perversion induced, largely determines the classification in diseases of the mucous membranes.

The subepithelial layer, or basement membrane, furnishing nutrition to the epithelial cells, causes a change in the functions of the cells whenever any local or constitutional lesion affects it. This membrane is usually composed of two layers, although both may not always be distinguished. The external portion furnishes the material from which the epithelial cells reproduce themselves, and is called the genetic layer. In some cases this layer is absent, and if the epithelium is denuded, the surface is covered by growth from the margins. The lower layer of the basement membrane is constant, and consists of fibrous tissue, and possibly may contain some unstriped muscle cells. The thickness of the basement membrane varies according to locality, in the nose and mouth being very thick, while in the alveoli of the lung it is almost invisible. The nerve fibers do not penetrate the membrane, but the lymphatics open by stomata immediately below or into the genetic epithelial layer.

The submucous connective layer, or submucosa, is the important

vascular portion, and varies considerably according to location. In the anterior part of the nasal fossæ it constitutes the erectile tissue. Engorgement of this tissue, whether transitory or permanent, will diminish the lumen of the nasal cavities, causing much discomfort. In the female, engorgement of the erectile tissue is not infrequent during the menstrual period, and in both sexes this engorgement is not infrequent during sexual excitement. In an acute rhinitis (cold) this engorgement causes much discomfort to the patient.

Mucous membrane is not only a protective covering, a secreting membrane for mucus and other products, but it also possesses in a marked degree the property of absorption when in a normal condition. This absorptive action depends usually upon the number of layers of epithelial cells. The health of the individual thus depends upon keeping the mucous membranes of the entire body in a healthy condition, as of necessity nutrition cannot be maintained unless the mucous surfaces are kept moist, soft, and pliable. This can not be done unless these same tissues are performing their normal functions of secretion.

ASTHENOPIA OF THE RETINA.

Several cases of this annoying condition have been under observation recently, and as it is not an uncommon complaint, a short description will be given.

Hyperesthesia and irritation of the retina are frequent in asthenopia. The symptoms most frequently complained of are inability to use the eyes for close work, impaired vision, wavering and dimness of objects, and pain in the eyes and head after attempting to use the eyes for close work. Diminution of accommodative power and intolerance of light are often present.

The ophthalmoscopic examination may show hyperemia of the retina, or as often happens, no change can be noted.

Women are most liable to this condition, especially anemic, chlorotic, neurotic, or hysterical. Disturbances of the reproductive organs may cause retinal asthenopia, as it is sometimes found in males suffering from some lesion of these parts. It is often found in both sexes at about the age of puberty, especially in those of highly endowed nervous organizations. In these cases there is often marked debility of the muscular and nervous systems.

Although the prognosis is favorable, these cases will try the patience of the doctor and patients as well. Hygienic and psychological measures are of the utmost importance, as the muscular, nervous, and mental health must be improved. Mental and physical fatigue are to be avoided, but a moderate amount of open-air exercise should be insisted upon. Change of scene will sometimes prove beneficial. The wearing of tinted glasses, excepting in very bright sunlight, will increase the difficulty. Relapses are frequent, and drugs, unless there is a strong indication, are of little value. The time required for a cure will depend upon the time required to relieve the cause, whatever it may be.

THE EARS AND SWIMMING.

As the season for swimming is here, many cases present themselves complaining of hardness of hearing. Inquiry will often elicit the startling information that the patient went swimming, and in diving got some water in the ear and could not shake it out, although the time honored custom of standing on one foot, bending the body sideways as far as possible, with the affected ear on the lower side, and then kicking with the other foot had had no effect in getting the water out of the ear. The modest request that you get the water out of the ear is usually made.

In some instances, fortunately however not often, a pebble is put in the ear to force the water out. Examination of the ear will usually reveal a brownish or blackish colored mass, possibly quite close to the external auditory meatus, although it may be deep in the canal. A syringe and warm water will as a rule soon dislodge the "water" in the shape of a plug of cerumen.

The mass may have been dry and shrunken, so that it did not entirely obstruct sound waves, and although the patient did not hear very well no special attention was paid to it. The water in entering the ear moistened the plug of cerumen, which soon swelled sufficiently to occlude the ear as far as sound waves were concerned, but as the prevalent idea that water can get into the canal of the ear and stay there is held, it is very difficult at times, to convince the patient of the real cause of impaired hearing until the cerumen plug is shown.

Instrumentation in these cases should never be attempted excepting by an expert. In fact it is very seldom anything is necessary but warm water and syringe. Occasionally the canal of the ear will become sore after the removal of one of these plugs, but the application of a mild ointment or dusting powder is generally all that is necessary.

SLIGHT DEAFNESS.

Deafness is divided by the Board of Referees of the bureau of Pensions of the United States Government into slight, severe, nearly total, and total. The degrees of deafness are determined by conversational tones. Slight deafness, inability to hear ordinary conversation at six feet. Severe deafness, to hear loud conversation at three feet. Nearly total deafness, inability to hear loudest distinct conversation at one foot. Total deafness, inability to hear the loudest conversation.

Slight deafness may, therefore, exist to a considerable degree before it can be detected by this test. There may be some difficulty in determining just what constitutes ordinary conversational tones. For example, a person enunciating well, speaking deliberately, would be heard at a greater distance, relatively, than a person speaking in the same tones, somewhat rapidly, and with less clearness of enunciation.

Dr. Andrews, of Chicago, has been able to demonstrate that tone-

deafness is a congenital condition, widely prevalent in persons with otherwise normal acuity of hearing.

There can be little doubt that many persons who evince a fondness for music, but who have never been able to learn that science, have more or less tone-deafness. Is it not reasonable, therefore, to conclude that slight deafness for conversational tones may be a congenital defect in many cases where no pathological condition is present?

It is certain that a very moderate amount of thickening in the lining of the pharynx will produce a very annoying tinnitus, and tinnitus is one of the great hindrances to acuity of hearing in many persons who are able to meet all the requirements of the watch test. It is also noteworthy that persons with very pronounced deafness to conversational tones experience no difficulty in hearing low conversation, while riding in a noisy vehicle, or public conveyance. Often a person unable to hear ordinary conversation farther than two feet can hear all the low conversations in a street-car or on a train. This is accounted for by the turbulent state of the atmosphere, which arouses the auditory apparatus into activity, and when once aroused the person may distinguish the slightest variations in sound. It is probable, however, that those who are the subjects of congenital tone-deafness do not enjoy even this advantage.

Those forms of slight deafness due to chronic inflammations of a mild type in the Schneiderian and pharyngeal membranes, which, imperceptibly at first, impair the hearing, and which are unattended by tinnitus, may go on to the production of a very annoying degree of deafness before their existence is suspected.

The fact that different members of the same family have impaired hearing has led many to assume that deafness, is an inherited condition. It is true that many persons, the subjects of inherited defects of structure, as well as blood-taints, may suffer impaired hearing, as in the case of syphilis. But syphilis no more tends to the production of deafness than to blindness, and no more to blindness than to periosteal nodes and cutaneous maculae.

That form of deafness due to abnormal conditions of the Schneiderian and pharyngeal membranes, and which come on insidiously, is the type most commonly set down as hereditary by the people, and I fear there are superficial observers in the medical profession all too much inclined to adopt this untenable view.

It is important to make the diagnosis between structural defects of hereditary character, defects due to pathologic conditions of the perceptive apparatus, and obstructions or defects in the conducting media.

The subject of slight deafness is at once both important and complex. There are, in the first place, so many causes which may produce it; and, in the second place, it may be due to remediable defects of the conducting media, or to curable conditions of the per-

ceptive apparatus. Empirical methods of treatment are not only useless, but positively mischievous. Take, for example, a person suffering with syphilitic gumma of the cochlearis; a few doses of the iodide of potassium will dissipate the gumma and relieve the patient's hearing, whilst an exostosis making pressure upon the auditory nerve would be aggravated by such medication.

The simple removal of accumulated inflammatory matters affords such a sense of relief in cases of purulent and muco-purulent rhinitis that it is remarkable any one should neglect the natural method of doing this. The ciliated epithelium in the nose is so arranged that snuffing smooths it, whilst blowing tends to raise it from the surface. Forceful blowing will detach the epithelium, causing an amount of swelling in the nose sufficient to create an annoying obstruction to respiration. Continued forcible blowing of the nose not only greatly augments the swelling of its lining membrane, but may produce, as it often does, an annoying epistaxis, by uncovering loops of capillary vessels, when the epithelium is blown off in flakes.

Foreign matters, as well as inflammatory matters, may be drawn back through the nose and pharynx and expectorated with such frequency and thoroughness as to overcome the discomforts incident to their presence; and, in many cases, muco-purulent inflammations may be cut short in this way.

In practicing this mode of clearing the nose and pharynx of offensive matters some care is necessary to avoid drawing the alæ into contact with the septum; and, when violent snuffing is practiced, efforts to draw out of the pharynx the accumulated matter may, while the anterior nares are closed, make such tension as to forcibly draw in the membrana tympani, exhausting the supply of air and creating painful depression of the membrane. Sometimes luxation of the articulations of the ossicles results from this practice. It is usually in such cases as this that the physician is first consulted—sometimes, however, not until sweet oil and laudanum have been poured into the external canal, a practice which can never be excused under any circumstances, for, if it is not positively mischievous, it can never do any good. The ear syringe is also an instrument whose use is fraught with danger.—D. S. REYNOLDS, M. D. before *Ohio Valley Medical Association.*

PERISCOPE.

THE WANING OF FAITH IN DRUGS.

In any line of work the best results are secured only through the systematization of the principles and facts upon which that work depends. Nothing has yet controverted the self evident proposition that a straight line is the shortest distance between any two points. To reach a goal means the accomplishment of a purpose, and the accomplishment of a purpose means the establishment of a sequence of

ideas, conditions or things which connect the start and the finish by the line of intent; and, to make our circle of thought complete, the more logical the sequential chain the straighter the line between the two points. To demonstrate this proposition of the straight line, however, it is essential that the exact location of both the starting-point and the finish be known; and, once known, there is usually the possibility of making an intelligent connection between the two given points.

In the present situation of doubt of drugs the foregoing principle aptly applies. The starting-point is in the accurate knowledge of what drugs will do, the goal is the resulting cure of the patient, and the links connecting the knowledge with the goal are constituted of a clear understanding of how to apply the knowledge to produce the cure. Given the knowledge and the method, the cure is more likely to result than if either the knowledge or the method of application be incorrect or in any way deficient.

It is safe to assume that physicians of to-day have less faith in the efficacy of drugs in the treatment of the sick than they possessed two or three decades ago. This means either that the knowledge of what drugs can do is not sufficiently accurate to satisfy the demands of the modern active practitioner, or that the methods of applying this knowledge are defective, or both; or it may further be considered whether or not drugs are really capable of producing the cures that have been claimed for them in the past.

The allegation that drugs have cured disease conditions is too well sustained by facts to need further investigation, and we are therefore left to the consideration of whether or not the cause of this modern defection be lack of correct systematized knowledge, or defective therapeutic methods, or further, whether this lack of faith be confined to the indolent members of the profession and to undergraduates alone. We have only to read current medical literature to find that doubters are among the thinkers of the profession, and we are therefore forced to the conclusion that there must be some real and serious defect to account for the lack of faith of the practitioner and the timidity of the applicant for State license.

If we are to judge from the writings of Dr. William Osler of the Johns Hopkins University, the older school of medicine is even more tintured with this therapeutic nihilism than is the homeopathic or eclectic branch of the profession; but these remarks have to do solely with the avowed practitioners of homoeopathy.

On scanning this field, several contributory reasons for this weakening faith become apparent, one of which is due to expecting too much of drugs. This over-sanguine expectation depends necessarily upon ignorance of just what we have a right to expect. As investigation has revealed more and more of the possibilities of metabolism and the impossibilities of certain changes in tissue metamorphosis and growth, so have physicians come to a knowledge of the improbability of drugs

effecting changes which in the more ignorant past were not only believed possible but probable. Certain morbid growths and conditions might be instanced as usually impossible of removal by other than mechanical means, such growths and conditions in former times having been confused with other somewhat morbid changes that really are amenable to drug influence, and which confusion even yet sometimes reacts to the detriment of therapeutics. Surgery has certainly attained great prominence in recent years; by surgical means many conditions are remedied at once that in the past were treated more or less successfully by drugs. In some cases therapeutic failures have been succeeded by brilliant surgical successes; and under such circumstances it is but natural that, in proportion as faith in modern surgical measures is strengthened, so is faith in drug efficacy weakened. On the other hand, many cases of cures by drugs have been claimed by zealous therapeutists, but such cases have attracted far less attention than the flash of the surgeon's knife. The progress of surgery, therefore, may be credited as one of the contributory causes of modern weakening of faith in therapeutics.

"Of making many books there is no end." Especially does this apply to books of drugs; and such books as some of them are! Containing, as many of them do, many purely theoretical recommendations for the use of drugs, and which recommendations, when tried by the young therapeutist, fail utterly to fulfill their sponsor's promise, have more or less effect upon the confidence of the beginner. Bookmaking is a responsibility, and personal vanity is an ignoble incentive to writing a book.

The preparations of the drugs themselves have their influence also. A weak tincture, an impure tablet, or an adulterated trituration, is a stumbling-block in the way of the practitioner's success, and may feed his skeptical tendency. Combination tablets are intended to lighten the labor of the active practitioner by furnishing him with therapeutic short cuts; but in many instances they are mere laboratory productions, recommended for entirely theoretical reasons, without foundation in experience or in accord with any established therapeutic principle, and are therefore but poor substitutes for the carefully selected drug. In therapeutics, as in all other lines of work, the best results are attained and the greatest successes scored only after thorough knowledge of the subject, which must come through hard study. It may be safely asserted, however, that there would be fewer combination tablets were our knowledge of physiological drug effects more accurate.

It is presumed that our colleges, at this late day, provide their graduates with such knowledge of *materia medica* and therapeutics that no doubt of the healing powers of drugs will ever enter their minds; but things are not always as they seem. Even to-day there are in existence some accredited teachers who tell their students, and with straight faces, that all cures following drug administration—no

matter what that drug may be or what its dilution—are due to the law of similars, because, forsooth, cures result in no other way. These men also teach other things, some of which are not practical, and some not true; *e. g.*, that a hypodermic syringe is a good thing to leave at home; that such and such a case was carried through typhoid fever successfully by diluted drugs, when in point of fact a well known coal-tar product in material doses was the chief drug used; that the "totality of symptoms" is a therapeutic necessity, when as a point of fact the teacher himself has never found such an impossibility, and knows it; and that the size of the dose makes no difference, if the drug be indicated. The many cures made by ferrum, calcium, magnesium, sodium, and the proximate principles of the body generally, are even now being taught as due to the law of similars, regardless of the amount in which these agents are given, and the nutritive needs of the organism for these very substances. The great law of hygiene, the law of demand and supply, the law of dissimilars, of contraries, is ignored, and the plastic mind of the student moulded into deformity. Such teachers are really found alive in our colleges to day, and are known by their faculties to teach such nonsensical and unreliable rubbish, and yet are allowed to promulgate such views. The inevitable result of such teaching is, in many instances, that the pupil, after futile attempts to demonstrate the truth of his collegiate instruction, ends by becoming a shining example of therapeutic pessimism. Is this remarkable? * * * * *

Modern intelligent study of physiological drug action is in some instances another potent factor in weakening faith in the curative possibilities of drugs. The reason why such study has sometimes resulted in this skepticism is, that in the past much of our knowledge of drug action was imaginary, modern methods of investigation having proved this, but they have not yet been extended far enough to fully determine exactly how much or how little drugs will really do. In consequence, the skeptical physician does exactly what the average skeptical mind in all other walks of life does under similar circumstances: he doubts that there is any good in the whole because a part has proved faulty. This is one of the unavoidable results of progress.

From implicit faith the pendulum like mind has swung to the other extreme of pessimistic incredulity, and has not yet had time to reach the ultimate vertical "happy medium." Whether this last quiescence is desirable is a question. * * * * *

In brief, we find the following twelve causes for the lack of faith in the efficacy of drugs, to which attention has been called.

1. The expectation of too great therapeutic results from drugs, sometimes entertained by young practitioners.
2. The disproportionate progress of surgery, which, when contrasted with therapeutic progress, reacts against therapeutics.
3. The unreliable recommendations of self constituted authorities.
4. Faulty preparation of drugs, and the influence of the combina-

tion tablet; which latter, however, may be regarded as an outgrowth of ignorance of physiological drug effects.

5. Erroneous teachings.

6. Unsystematized records of physiological drug experiments—alleged effects of all amounts and preparations of drug substances being mixed together with primary and secondary drug effects.

7. The different views concerning primary and secondary drug effects.

8. The knowledge that many cures result from the *vis medicatrix naturae* and from unconscious hypnotism, even though drugs be administered at the same time.

9. The partial investigation of physiological drug effects. "A little knowledge is a dangerous thing."

10. Contradictory teachings in the same college.

11. Fanatical faith and intolerance of the views of others.

12. The absence of a standard of physiological dosage, and the absence of all system for the arrangement of physiological drug effects.

These twelve causes for skepticism in therapeutics are some of them remediable; some of them are not. Whether they include all the reasons why men will not accept all optimistic things alleged of the therapeutic powers of drugs I do not know, and whether all pessimism would disappear from the medical profession were these causes eradicated, I am not prepared to say, but I believe much good would result if each one of us would do what is in his power to do in this much needed reform. Some things, however, will remain unchanged, even though all doubt were no longer harbored by the most excursive spirit in our profession, and the physician should always bear the following facts in mind: The cure of the patient may result from, first, the unaided *vis medicatrix naturae*; second, unrecognized hypnotic influence; and third, the remedy prescribed. Any one of these influences may be the sole cause of the restoration of the patient to health, or the cure may result from a combination of these causes. * * *

Materia medica always will be a difficult study, because the student is compelled to do a large amount of memorizing, but this is no reason why obstacles should be further added to the unavoidable difficulties by teaching false and irrational views.

Drugs will probably always be used as a means of healing the sick, and there will always be those who doubt drug efficiency, but much may be done to remove the disintegrating defects to which attention has been called. Give the average physician faith in his records of physiological drug effects and he will soon forget his skepticism. Strengthen the foundation, clear the starting-point; this is the crying need.

It is unwise for us to jump to conclusions relative to the significance of the attitude of a large number of physicians as to the efficacy of drugs in sickness. Under the conditions noted, it is no great matter for surprise that serious doubt exists; and, further, under these same

circumstances it is questionable whether this doubt is not wholesome. The medical profession has reached a stage of education and culture which will in the future prevent the acceptance of theories, postulates and allegations unsupported by demonstrable fact, and the sooner we recognize this status of the medical mind and strive to unite with the progressive trend the better will it be for the future evolution of truth. To maintain its proper place in the development of the human race medicine must progress. It can never be a completed science nor a perfected art, though it may attain and hold the dignity pertaining to all approximate sciences and arts. Types of men change, the pathology of one century is not that of another, and therapeutics must of necessity progress *pari passu* with all other advances.—E. C. PRICE, M. D., before the *American Institute of Homœopathy*.

An Englishman's Account of some American Hospitals.

Dr. G. B. Ferguson, President of the British Medical Association, who has lately visited Canada and the United States, has been giving to the Gloucester Branch of the Association some of his experiences in regard to American hospitals. He says that the nurses are treated with much deference and were not called nurse. "Miss C.—may I trouble you for another ligature?" was the mode in which they were addressed.

Women nurses are the most numerous, though male orderlies are also kept for the bed-pan and urinal work of men. Otherwise men are attended by women nurses. The whole of the flat roof of the Presbyterian Hospital is used as a "solarium," and hammocks, seats and couches were all about. Here, we think, is a hint that might well be taken by British architects. After 7 p. m. the roof belongs to the nurses. They play games there, and no male person is allowed to interfere or even look on. Nevertheless they are said to enjoy themselves very much.

The anesthetic was always ether, poured liberally into a simple cone covered with waterproofing. Children were given the ether on simple lint.

Dr. Ferguson was much impressed with the postmortem room at the Victoria Hospital, Montreal, where the pathological department is under the care of Professor Adami. Each dead body was kept in its own refrigerating chamber until wanted, when it was brought up in a lift to the post-mortem room, which was thus kept free from all odor of decomposition. "We have really much to learn from the Canadians and Americans as to the best arrangements of a dead-house."

The great character of the American hospitals is the worship of asepsis. So particular are they at many of them that even an assistant surgeon of the hospital may not enter the operating space unless he, too, is cleansed and dressed, and you are warned by a notice in some hospitals not even to touch the brass bar that separates the

aseptic from the septic. Adjoining the operating theater in most hospitals, baths and lavatory for the surgeons are found, and it is usual for surgeons to take a bath before an operation and a shower bath afterwards. The surgeons and all engaged in the operation wear canvas boots, linen pants and coats and a gauze night cap, all sterilized.

At the Johns Hopkins Hospital he noticed the use of silver foil as a dressing after Halsted's operation. This was applied next the skin. "The foil and the ensheathing papers are both sterilized, and many layers of both are used. Then comes a plain gauze dressing and that is all." Of course, he says, the silver foil forms antiseptic salts with the serum. In all American hospitals the sterilizers of clothing and dressings are of vast size and look like great brass boilers. They are usually supplied with steam from the basement and are used at a pressure of two atmospheres for at least twenty minutes. All water for all purposes is sterilized and filtered. At the Pennsylvania Hospital there were two cases of gunshot wound of the abdomen, in both of which all the intestines had been turned out. In one case two wounds had been found and sutured, and in the other three, and both were doing well, which shows how thoroughly the principles of asepsis are understood and practiced. It is evident that asepsis of the most complete and thorough character is the keynote to much of the success of American surgery.—*National Hospital Record.*

Medicine and Surgery in Diseases of the Stomach.

Dr. O. J. Kauffmann (*Birmingham Med. Rev.*) sums up a paper on this subject in the following theses:

1. The first group of cases [perforation of the stomach] calls undoubtedly and immediately for surgical help.
2. For gastric ulcer, with severe acute symptoms, even if it be recurrent, and if, therefore, the new ulceration is probably in or attached to the scar of an old ulcer, operation is inadvisable.
3. In atonic dyspepsia, if cancer is suspected but cannot be felt, the indication is so uncertain, and the probability of simple atonic dyspepsia is so great, that rigorous diet, lavage and medication and rest should be tried before advising operation, notwithstanding even the absence of hydrochloric acid and the presence of gastrectasis.
4. Where cancer is suspected, though not palpable, and where anemia is beginning and progressing, exploratory operation is advisable if the general condition permits.
5. Where cancer is considered improbable, and where the symptoms are long-standing dyspepsia, with or without gastrectasis, and with or without wasting, and where, in short, simple fibrous stricture or pyloric spasm is suspected by Doyen's school, no operation should be attempted until after thorough trial of other remedial measures (always excluding palpable fibrous stricture); and even then it should

not be done so long as the patient maintains his weight (which excludes continuous vomiting). Only if the weight falls progressively in spite of treatment should an operation be undertaken.

DIGITALIS.

The study of heart remedies has always been of fascinating interest to me. Yet, I am free to confess that it is still surrounded by a cloud of uncertainty and by more or less empiricism. We believe but few remedies are prescribed with as much uncertainty and, at the same time, with as much recklessness as those whose action is upon the heart. Of these remedies we believe none is so universally and recklessly used as the one under consideration. The patient has some distress, or notices something wrong about the action of the organ, and at once digitalis is prescribed without any consideration of the nature of the trouble or of the physiological or medicinal action of the drug upon the organ.

The digitalis of commerce should be the leaves of the second year's growth of *digitalis purpurea*, or foxglove. The plant belongs to the order Scrophulariaceæ. One active principle is digitaline. There are other constituents, but they do not interest the physician, save only in the study of the chemistry of the drug.

The preparations we use are the specific digitalis and the infusion of the leaves. Digitalis is principally used as a remedy for the heart and as a diuretic. Its chief action is upon the circulatory system. In medicinal doses it increases the force of the pulse, and, at the same time, checks its rapidity and increases the pulse wave. It does this by strengthening the energy of the heart's action, by increasing the systole or contraction of the ventricles and prolonging the diastole. The ventricles thus become filled with blood and contract with more force, and thus empty themselves with greater facility and more thoroughly. This increase of the force of the pulse, and of its volume, are said to be due to the action of the drug upon the cardiac ganglia, muscular fibers of the heart, and upon the arteries as well as upon the vaso-motor centers. The slowing of the pulse is due to the action upon the pneumogastric center and the vagi. When a poisonous dose is taken the action of the heart becomes irregular and dicrotic, when the heart's action is said to be tumultuous. Its action is arrested in diastole.

Digitalis is called both a cardiac stimulant and sedative or depressant. We believe it is more properly a stimulant. It is true that it slows the pulse, but this action is due to its stimulating action upon the muscular structures of the heart and upon the nerves controlling its action. The indications for digitalis are: "An open and feeble pulse, the urine scanty." Again: "Weak, rapid, irregular heart action, with low arterial tension, weak heart sounds, dusky countenance, jugular pulsation, cough and dyspnea, edema; anasarca with scanty, high colored urine, renal congestion."

These indications are typical of a condition of dilation dependent upon a valvular lesion, and it is in just such conditions of the heart that we find the remedy acts best. Still, in some of these cases it does not benefit, because it prolongs to too great an extent the diastole. These cases can only be ascertained by carefully watching the action of the remedy. It is the remedy, in most cases of cardiac disease, where the heart fails to do the proper amount of work. In cardiac hypertrophy, when we have the full, strong pulse and laborious action of the organ, it works a positive injury. While it is true that digitalis slows the pulse, it does not have this influence, to any appreciable extent, when the rapidity depends upon a high temperature. In other words, it does not possess any antipyretic powers of moment. Its medicinal properties are best obtained when the cardiac muscle is normal, or nearly so. It will not slow or quiet the rapid, weak pulse of an acute carditis or pericarditis; neither is it the best remedy in the weak, rapid pulse of cardiac degeneration, as seen in diphtheria and other exhausting diseases. Neither is it the remedy in the tobacco heart nor the irritable, palpitating one of reflex origin. The indications show it to be a good remedy in renal congestion due to a cardiac lesion. In cases where the diuretic effect is desired, it is best administered in the form of an infusion. In other instances we use the specific medicine. Its cumulative action and its irritant effect upon the stomach should always be borne in mind. We have seen it pushed when every dose made the patient vomit, and then the enema was resorted to until a diarrhea resulted. Such dosage is reprehensible, as we possess other heart remedies besides digitalis. It is of some value in pneumonia, and occasionally in the exhausting fevers, when the heart seems to be unable to perform its work. It has also some value as a hemostatic, by reason of its action upon muscular tissues.

In all cases, when prescribing the remedy, if we bear in mind the indications as outlined above, with some knowledge of the existing pathological condition we seek to correct by it, we can not go far astray. It is an almost invaluable remedy when properly used; yet, it is capable of doing much harm when injudiciously used.

The dose of the specific digitalis is gtt., x to xxx to water iv. oz.; teaspoonful of the mixture. Of the infusion, one to two teaspoonfuls.
W. N. MUNDY, M. D. in *Eclectic Medical Gleaner*.*

Peritonitis Consecutive to Vulvo-Vaginitis in Little Girls.

At a meeting of the Medical Society of the Hospitals MM. Comby and Gadaud reported the cases of three little girls attacked by peritonitis, probably gonorrhoeal, and in whom the diagnosis was at first made.

The first child was 12 years of age. She was suddenly seized, during convalescence from typhoid fever, with abdominal pain and vomiting. Laparotomy was decided upon, but was not immediately

* Dr. Mundy has just issued a work on "Diseases of Children."

practiced, as the surgeon had not been authorized by the parents. The delay was fortunate, for on the following day there was decided amelioration, and recovery was rapid. The absence of precise localization of the abdominal symptoms and the occurrence of a purulent vulvo-vaginal discharge connected the peritoneal manifestations with the vulvo-vaginitis.

The other two cases were similar to the first. They likewise began abruptly with abdominal pain, vomiting, fever, and drawn faces. Operation was on the point of being performed when, contrary to what had been expected, gonorrhœal peritonitis, and not appendicitis, was diagnosed. Recovery took place under a purely medical treatment, application of ice, injections of artificial serum, and morphine to allay the pain.

These cases show that a diagnosis of appendicitis should not be made in little girls without examining the genital apparatus. The agents which excite vulvo-vaginitis may, in fact, gain the peritoneum by way of the uterus and tubes, and a superficial examination of the abdomen in such cases will prompt a laparotomy, which is at least useless, since the affection is curable by medical means.—*La Tribune Medicale.*

Therapeutics should not be based upon Nosology.

When we study the literature of the day our consideration of the diseased man seems to be a complicated affair, but, after all, practical medicine resolves itself into the consideration of man in health and in disease. If we do not understand the former we cannot treat the latter with any degree of success. Scientific medicine can only be based upon physiology. An individual is diseased only to the extent that he departs from the healthy standard. In an earlier day the rule of excess, defect and perversion was applied, and if used to-day it would be of much assistance. The attempt to simply give a collection of symptoms a name and prescribe a set formula for the same, is not good practice. Often to give a name to some certain condition is like the vain attempt of dividing the surface of a lake into acres, and at the same time we would not deprecate a nosological diagnosis, but would earnestly protest against endeavoring to base therapeutics upon it.

The practice of the healing art comes under a different law, and to read the ordinary articles a person would come to the conclusion that this law is ignored, but our acquaintance with physicians caused us to know better, for individualization is practiced to a greater extent than many of the articles we read would lead us to believe. It is essential to keep well before the profession the great fact that a rational application of therapeutics can only be carried out successfully by studying the drug action and applying it to the pathological process. A closer study of disease expression is called for, and a separation of nosological diagnosis and therapeutical diagnosis is needed in many cases.—*Charlotte Medical Journal.*

Ulcerated Paraphimosis Followed by Explosive Tetanus.

A stable-boy and gardener, aged 24 years, came into the hospital on account of a paraphimosis from which he had suffered for four days. Reduction being impossible, it was loosened by incising its lower surface. The fourth day after this intervention there was stiffness of the neck ; tetanus came on during the night and progressed at a frightful rate, terminating fatally upon the next night. The treatment had consisted of the injection of 10 cubic centimetres of antitetanic serum, morphine, with enemata of chloral and potassium bromide.

At the Red Cross Hospital cases of tetanus are rare in the surgical service, and only one case has been observed during fifteen years. In reference to this case M. Favre makes the following remarks : "It seems rational to admit that during the repeated attempts which the patient made with a view to reducing his paraphimosis he had conveyed directly to the preputial ulcers the bacillus of tetanus with which his occupation brought him into frequent contact. It should also be noted that the man took care of horses in a stable where, seven years previously, a case of tetanus had occurred in a horse.—*Le Bulletin Medicale.*

A New Symptom in Paralysis Agitans.

The attention of physicians has lately been drawn to the fact that early in the course of paralysis agitans certain very characteristic spasmoid muscular contractions occur. In several cases of paralysis agitans a peculiar symptom has been noticed, viz. : that the patients were subject to a contraction of the toes which made them flex or curl up under them so that they were liable to be thrown down, and it would appear that this symptom is the immediate precursor of other recognized symptoms of paralysis agitans. The duration of the "contraction period" is variable. In regard to one patient who complained of this contraction of the toes, at the time the man came under observation nothing was known of the significance of the contractions complained of, and his medical advisers were at a loss to account for it. Two years later, however, the man was seen again, when he presented the typical signs of paralysis agitans. On looking through their casebooks this symptom was found not to be altogether infrequent. One woman with paralysis agitans stated that the first thing she noticed was that her right toe used to be drawn up. In another case the patient volunteered the information that the trouble had commenced with the contraction of the fingers. Though the symptoms of paralysis agitans may be said, on the whole, to be simple, and the disease, as a rule, not difficult to diagnose, every assistance in early diagnosis is of value.—*Cincinnati Lancet-Clinic.*

HYDATID OF HEART.—A. Jeffreys Wood reports the case of a man in apparently robust health, who died suddenly while riding a bicycle. At the autopsy the heart was seen to occupy the greater part of the chest, neither of the lungs being visible. The pericardium was closely adherent to the surface of the heart, but with a little force was detached; toward the base of the heart on the left side a white patch showed toward the pericardium, and as the covering was lifted from this part a daughter-cyst, the size of a large marble, escaped from a large mother-cyst in the left ventricular wall. In removing the heart about a dozen daughter-cysts escaped, two of them being as large as bantams' eggs. A small cyst was found on the liver, and another in the center of an adhesion running between the lower edge of the liver and the duodenum. The rest of the organs were healthy.—*Medical Record.*

SPINAL CURVATIVE AMONG STUDENTS.—Dr. Jay W. Seaver, one of the directors of physical examiners of the Yale University gymnasium, reports a surprisingly large number of cases of scoliosis among American college students, particularly in those who have been ambitious for scholarship honors. The investigations were pursued at eighteen American colleges, and nearly 21,000 students were examined during the past five years. This number includes about two thousand men of the successive freshman classes at Yale. Dr. Seaver found that 5.6 per cent. of the Yale incoming classes were scoliotic. Similar data from other universities showed approximately like results, which led Dr. Seaver to the conclusion that scoliosis is the commonest physical deformity to be met with among educated American young men. Among the athletic class of students, on the contrary, the deformity was very rare.

AN INTREPID MEDICAL WRITER flies in the face of Providence and says that perhaps, far off in the dim future, human beings may be hatched by incubation from the female ovum. His idea is to catch the ovum in some clever manner by means of a new-fangled speculum and transplant it to an artificial sac containing spermatozoa and retained in a blood-warm substance which can be supplied with proper nourishment and air during the stage of development. He does not say how he would catch the spermatozoa, but in this manner he hopes to relieve the daughters of Eve from the curse, “in sorrow thou shalt bring forth children.”—*Med. Examiner.*

THE LITTLE TOE.—Comparative anatomists tell us that the petit orteil—the little toe—has already lost one of its extensor tendons and that it is only a question of time when the digit will disappear entirely. Although we naturally dislike to part with any portion of our anatomy, still many will bear the loss of their little toe with equanimity, particularly if it happens to be, as it often is, the location of their pet corn.—*Med. Examiner.*

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RHEUMATISM.

There seems to be an epidemic of rheumatism prevailing, this spring, at least I have been called to more cases of this troublesome disease within the last two months than in the two previous years, and a few remarks on the treatment will not come amiss.

Rheumatism may be due to a specific cause, but I am sure that every physician of experience is ready to testify that there are no specific cures for that disease,—using the term specific as commonly understood. To one who has placed faith in the smooth words and easy promises of the traveling representative of some progressive and energetic "Drug House", there have come visions of a speedy cure, for he has been persuaded that the specific contains only the best known anti-rheumatics; that the "House" has studied the action of each agent employed and has combined the remedies in just the right proportion to bring about the best results. But alas for human gullibility. The "Specific" fails to cure the patient, though it has never failed before.

Rheumatism, like any other disease, does not present the same conditions in every case, and the remedy which gives relief in one case is a failure in another, although the latter may be seemingly no more severe than the former. In one the basal lesion seems to be of the circulatory apparatus and the treatment will be sedative.

Thus a patient with excessive heart power, which is shown by the full bounding pulse, will do better on veratrum one drachm, morphia one half grain, water four ounces, teaspoonful every two hours, than on the so called antirheumatics; so of other conditions, they will be met by definite remedies. The agents I have found most useful this spring, have been bryonia, rhamnus californica, apocynum and gelsemium. Where the fever was only slight the temperature not being over 102, or less, marked constipation, pain in the lumbar region and frequent paroxysms of pain of a lancinating character, rhamnus cal., in 20 gtt. doses every three hours till the bowels move freely, then lessen the dose and give at longer intervals. Where the pain is aggravated on motion, and is sharp and cutting, the pulse hard and

vibratile, bryonia will give better results. Where the tissues were full and puffy, with scanty secretion of urine, apocynum was successfully used.

When the patient was restless, the face flushed, and complained of general aching of the entire body, gelsemium gave the quicker relief. These were not the only remedies used but were the most frequently indicated. The one point I wish to make, is that the indicated remedy will prove the best antirheumatic.

R. L. T.

THE NATIONAL.

The thirty-second annual meeting of the National Eclectic Medical Association has passed into history. It was held at Hotel Phister, Milwaukee, Wisconsin, June 17, 18, and 19. All of the officers but two were present, G. W. Johnson, M. D., of San Antonio, Texas, presiding. The meeting was called to order at 10 a. m. by president Johnson. Prayer was offered by Rev. R. K. Manaton of Milwaukee. The address of welcome was delivered by G. W. Rodecker, M. D., of Wisconsin. Response by J. D. McCann, M. D., of Indiana. This was followed by the usual roll call of officers, approving the minutes of the previous meeting, appointment of the various committees, receiving proposals for membership, reports of officers, etc.

Section 1, on Materia Medica and Therapeutics was presided over by Chairman Kinnett and Secretary McCann. Fifty or more papers were either read by title or transmitted by mail, ten papers were read and discussed at some length. This proved one of the most interesting sections at the meeting. Dr. W. H. Russell of Massachusetts, and Dr. J. P. Harvill of Tennessee, presided over the Section on Practice of Medicine. Four papers out of thirty were read and discussed. Dr. Boskowitz of New York, presided during the Section on Surgery. Several very interesting papers were read and discussed. There was the usual lack of time for the remaining sections and consequently section work under the head of Obstetrics, Gynecology, Ophthalmology, Sanitary Science, and Miscellany suffered somewhat, although quite a number of very well prepared papers were read and discussed at some length.

On the evening of the second day an informal reception and musicale was tendered in the parlors of the hotel by the Wisconsin State Eclectic Medical Society. The entire program was interesting and very well rendered and enjoyed by more than two hundred members, visiting physicians, their wives and friends. This was followed by light refreshments in the banquet room of the hotel.

On Wednesday morning Prof. Ellingwood presented his report as Secretary and delivered a very interesting and able talk on the Necessity of Organization. This paper will be printed in pamphlet form and distributed to every Eclectic in the United States and to all liberal physicians, and in all probability will be published in the

various Eclectic Journals. The following is an abstract from the Milwaukee Sentinel.

"MUST HAVE MEDICAL SECTS."—Dr. Ellingwood, Secretary of the Association, reported that he had made a thorough canvass of the status of Eclecticism in the United States, and of the position it sustains to the profession as a whole. He reviewed the cases of the formation of the school seventy-five years ago and the vitally important character of the work the school has done. He stated that the rational character of their exact method, through the fact that the people now recognized and demand the most successful and rational treatment, appealed so strongly to the old school of physicians, that they had thrown their doors wide open to both Eclectic and Homœopathic physicians in every state. He said that the old school had done wonders in the last thirty years in surgery, microscopy, histology, pathology, but had not been students of exact therapeutics and never could be. This is actually the most important branch of the medical curriculum, he said, and for this special study it is most necessary that there should be differing sects. The Eclectic school, he said, is now at the pinnacle of its success, and must retain its individuality."

The \$100 prize for the best essay in the competition, as previously mentioned, was awarded to Dr. Wm. S. Turner of Waynesfield, Ohio, Rec. Secretary of the Ohio Society, who presented a very able paper on Specific Medication. The treasurer reported a balance on hand June 1, of \$900 and all bills paid. Thirty-five new members were received who immediately perfected their membership. There were much less medical politics than usual at the meetings of the National, and consequently there was more time for other purposes. The election was very quiet and all of the new officers but two were selected by acclamation in the meeting of the Electoral College. The following were the officers elected: President, J. D. McCann, M. D. of Monticello, Ind.; 1st Vice President, R. C. Wintermute, M. D., Cincinnati, Ohio; 2d Vice President, J. V. Stevens, M. D., Jefferson, Wis.; 3d Vice President, M. B. Ketchum, Lincoln, Nebraska; Rec. Secretary, F. Ellingwood, M. D., Chicago, Ills.; Corres. Secretary, N. A. Graves, M. D., Chicago, Ills.; Treasurer, W. T. Gemmill, M. D., Forest, Ohio. Next place of meeting Indianapolis, Indiana.

PULSATILLA.

This remedy has been frequently studied by JOURNAL readers from an Eclectic standpoint, and no doubt it is prescribed as frequently as is any other drug in the *materia medica*. This must prove its efficiency. We are sure, however, that personally we do not prescribe it with as much assurance and confidence as do our homeopathic brethren. Should we do so, we would give it in attenuated doses—in very high dilutions. This we do not do, and we frequently give pulsatilla in fairly large doses. So we propose in this paper to look at puleatilla from the view-point of the homeopath. We are especially

pleased with what has been said in "*Leaders in Homeopathic Therapeutics*," by E. B. Nash, upon *pulsatilla*. There is a certain positiveness in his declarations that leads one to think that he really believes what he is saying, and this gives one confidence in medicine.

Pulsatilla, or wind flower, was first proven by Hahnemann, the father of them all, and for years it has been known by homeopaths as *woman's remedy*, in contradistinction to *nux vomica*, which is considered *man's remedy*. The two are opposite in their therapeutic action. Further differentiation is however made. *Pulsatilla* is not a remedy for *all* women; it is better in *blondes*, while *sepia* is better in *brunettes*. Not that the color of the hair makes particular difference; but experience has taught that the disposition of the individual corresponds in a degree to the type, this way: The woman (or man either) with sandy hair, blue eyes, pale face, is usually mild, gentle, yielding, and if in ill health or trouble, is inclined to cry easily or at everything great or small. She is sad, despondent, submissive, and bears her grief in silence. The opposite is true of the spit-fire *brunette*! When this *puleatilla* picture or person presents, give *pulsatilla*, no matter what the name of the ailment or its pathology. Some homeopathic writers have named *pulsatilla* as a remedy for 73 affections; but the limit is the number of diseases in the whole list.

Aside from the above mental and physical picture, certain symptoms are characteristic of *pulsatilla*, chief of which is *change*. The symptomatic changes seem remarkable, and they apply to the whole or to any part or function. Pain, for example, may rapidly shift from place to place, or from joint to part, or part to joint: hemorrhage, if present, may flow and stop and flow again; the stools may be green, yellow, white, watery—no two alike; the disposition may change, the irritable may become mild and pleasant, the tearful and crying may become the laughing. There may be confusion of ideas, bordering upon hysteria, etc.

The *pulsatilla* patient's digestive wrongs lie along certain lines. She has a bad taste in her mouth in the morning, or nothing tastes good, or she has no taste whatever. There is usually great dryness of the mouth in the morning, but no thirst—unlike that opposite state in which *mercurius* is the remedy, much moisture in the mouth with very great thirst accompanying. The *pulsatilla* patient cannot eat fats, or cakes or pies—rich food; the *nux* patient can, and with little or no harm. The discharges from the mucous membranes of the *pulsatilla* patient are characteristic—they are thick, bland, yellow or green, and bitter; they may be seen in nasal catarrh, in leucorrhea, in expectoration, in gonorrhea, in ulceration about the eye or of the ear or throat, in fact from any mucous outlet.

Pulsatilla has a reputation as a menstrual promoter that is unsurpassed by any other remedy; but it will apply only to the *pulsatilla* case. In this the flow is too late, or scanty, or suppressed, especially if the feet have been cold or wet. When menstruation is painful, the

patient restless and tossing about constantly, give pulsatilla. In menorrhagia with these symptoms the drug is just as efficient.

The pulsatilla patient is better in cold air and from cold applications, while she is aggravated and made worse by warm air, close confinement, and warm applications. Pulsatilla is highly praised as a remedy in vertigo, or where there is pain in the eyes or ears, or the lids are constantly itching; or when there is roaring in the ears, coryza, pain in the face, toothache, etc.

Pulsatilla, when the proper conditions prevail, is *the* remedy in cases where the administration of iron has been abused; after badly managed measles; in headaches when bandage or pressure relieves; metastasis of gonorrhea or mumps to the testicles (orchitis) or mammae; after-pains; agalactia, when the breasts are small, painful, with scant secretion, patient depressed and tearful; colds and catarrha, and in diarrheas; in dysmenorrhea when pains take fits and starts, are gripping, and patient restless; in eye trouble with characteristic pulsatilla discharges; in fever, only when patient is chilly, restless, sleep less, and not thirsty (Eclectic literature mentions inflammations as contra-indicating pulsatilla); in gastric troubles when the food seems to lodge in the cesophagus, or the worst distress is two hours after the ingestion of the food, the tongue coated, the heart sympathizes, etc.; in gleet and gonorrhea when the discharges are as above described—the patient is phlegmatic or serofulous, and there is tendency to orchitic complications; heart hypertrophy, greatest in right side, with numbness over left arm and shoulder; in labor pains that are slow, weak, inefficient, spasmodic, irregular, cause fainting, the patient is smothering, wants open windows; leucorrhea, with thick, yellow, green, bland discharge; in threatened abortion when the pains are changeable, patient fainty, oppressed; in rheumatism, with wandering pains, move from joint to joint, or are worse by warmth or in the evening, and less by cold; sleeplessness, when the patient wakes languid, dreamy, doless; in cystitis, with dysuria, polyuria, and the secretion turbid—the patient disturbed and whimsical. In fact, pulsatilla is best prescribed by the symptoms; pathology is of little moment. It is enough to know that the patient is a woman of the blonde type (or a womanish man), who is mild, tearful, whimsical, and complains of chilliness, heaviness or fullness or weight in the pelvis, with delayed or scanty menstruation, or the flow is fitful or changeable; who feels worse in warm room—better in open air. Pulsatilla is not for the excitable, the irritable, the kickers and knockers. The dose varies from the highest dilutions in the minimum of dose, to from three to five drops of the mother tincture.

w. e. r.

CASCARA SAGRADA.

This remedy has won a permanent position in *materia medica* by virtue of its excellency in chronic constipation. As an active cathartic it is perhaps inferior to some of the old drugs, but as a remedy for chronic intestinal torpidity it has few equals. Cascara may be administered either in fluid, tablet or powdered form; we have always administered this medicine in a preparation known a cascara cordial. We make cascara cordial by adding one part of aromatic fluid extract of cascara to two parts of dilute simple elixir, the dose is a teaspoonful of the mixture after each meal. The chronically constipated patient who has been in the habit of taking at intervals, large doses of active cathartic medicines must be instructed that the remedy he is now to take is not a cathartic and he need not expect active catharsis, but that he will, in the course of a day or so, begin to have regular alvine discharges daily and he should be earnestly requested to solicit a daily evacuation of the bowels at some stated time; this is important. Sometimes cascara, when the dose is small, will simply provoke slight intestinal griping and rumblings without causing a discharge from the bowels, or in other cases it may be that in a few days the discharges are too frequent; the size of the dose must be adapted to the conditions. After a patient has taken the cascara three times daily for twenty or thirty days and a regular habit of defecation has been established, the frequency of the dose may be reduced to a teaspoonful twice daily, and still later a teaspoonful at bed time, will be found sufficient; in time even this may be abandoned and our patient will remain cured. There are many remedies that will temporarily relieve constipation, but cascara is the only agent we know of that will permanently cure chronic constipation. All that is required is a careful management of the case and the willing co-operation of the patient.

We have just dismissed a patient, sister of a physician, who claimed she had taken a barrel of cascara cordial without benefit. Still after three months treatment she was cured of her constipation and by the graduated administration of cascara cordial, although she did not know the composition of the remedy which relieved her.

Cascara also exerts a tonic action upon the body, all the vital processes appear to be strengthened and invigorated; this, however, may be solely due to the effects following the relief of constipation; there is an unloading of the tissues, which have become more or less oppressed by retained effete matter, and perhaps the feeling of tonicity and vigor following the persistent administration of cascara is simply due to the natural resiliency of the tissues returning to a normal condition after long depression. Cascara tablets, although theoretically the ideal form in which to administer the drug, do not give the results which follow the use of the drug in liquid form.

L. W.



*Fraternally yours
David Williams*

DAVID WILLIAMS, M. D.

Dr. David Williams was born at Alexandria, O., Dec. 17, 1843, and died in Columbus, Ohio, May 23, 1892, aged 58 years, 5 months, and 6 days. The doctor had not been well for several months, though to a casual observer he appeared to be in robust health. He had complained to some of his professional friends of an obscure pain in the right hypochondriac region, but did not seem to think it was anything serious, and continued his practice as usual. It, however, became more and more severe, until April 26th, when he was compelled to give up his work and go to bed. He was constantly attended by his wife and daughter, and his son, Dr. F. O. Williams, assisted by numerous medical friends, and though his sufferings were great, he bore them bravely.

On May 17th a consultation of physicians was held, and an exploratory incision suggested to him. He decided to have the incision made, with the understanding that if the case were operable it should be completed at once, but if it proved malignant nothing could be done. He was taken to Grant Hospital, and the incision made on the

19th. Cancer of the liver was found. He stood the operation well, and rallied, but worn out by long suffering and inability to retain nourishment, he failed rapidly, and passed away peacefully on the 23d.

The early life of Dr. Williams was spent on the farm till he was 16. From that time on he was determined to obtain an education, and by teaching part of the time he obtained means to pay his way at Dennison University, at Granville, at Oberlin, and at Adrian, Mich.

During the civil war he responded to the President's call for one hundred days men, and served that term in Company C., 135th O. V. I. On his return from the war he took up the study of medicine, and after practicing a while graduated at the E. M. Institute in 1870. For the next five years he practiced at Yorkville, Ill. He then returned to his native town, where he did an extensive practice for seventeen years. In 1889 he established himself in Columbus, and at once acquired a very large business. He was an excellent surgeon, and a considerable part of his work was of a surgical character. He was also in demand as consultant, his long experience and clear judgment enabling him to give valuable advice.

Dr. Williams was a large man, both physically and mentally, and with his kind and generous disposition, and genial, hearty manner, he won and retained hosts of friends. Being a man of great energy, he naturally did with his might whatever he undertook. He was a regular attendant of the Eclectic Medical Societies, took an active part in all their proceedings, and was President of the Ohio Central Society in 1889, of the Ohio State Association in 1888, and of the National Association in 1899.

When a medical law was proposed, and a convention of all schools of medicine called to formulate one, Dr. Williams was one of the foremost in the work, and rendered such good service that he was chosen as one of the Eclectic members of the first State Board of Medical Registration and Examination which the law provided for. After serving four years he was re-appointed for a full term of seven years. On the organization of the Board he was chosen treasurer, and remained in that position till his death. His associates on the Board esteemed him very highly, and his opinions carried great weight.

Dr. Williams was a member of the Congregational church, being, as he said, "liberal in religion as well as in medicine." He was a Mason, being a member of St. Alban's Lodge, and also belonged to Joshua M. Wells Post, No. 451, G. A. R.

In 1867 he was married to Miss Anna Nichols, of Licking county, who died in 1888, leaving two children, Dr. F. O. Williams, who has been associated with his father in practice since 1893, and succeeds to his business, and Mrs. H. B. Hutchinson, of Columbus. In 1890 he was married to Miss Jennie Evans, who remains to mourn the loss of the kindest and noblest of husbands. To the Eclectic school of medicine his death is a great loss, and we shall long remember him.

S. M. SHERMAN, M. D.

HOSPITALS.*

After more than a quarter of a century of faithful devotion to the cause of Eclecticism, and development in our school of medicine, I thought favorably of the proposition to personally investigate the work of our old school friends in the hospitals of the new and the old world. When I again return to America in July, it will have been my pleasure that I have been in every well known hospital in the new and old world, and have met the majority of the best surgical operators in their own hospitals, and witnessed their skill.

I do not return home dissatisfied, but much pleased with our surroundings and our future possibilities. We as a school are well up to the front, and our position assured. It is the feeling of unrest that possibly others are away in advance, that must be satisfied, and the true position can only be ascertained by personal investigations, regardless of time and expense. I hope to return in time for our State Eclectic Medical Association at Put-in-Bay.

King Edward VII of England, must be crowned the last of June, and it is the intention of the writer to see that the crown is placed on his head fairly and squarely, and trust to the God of nations that the good king may wear the same gracefully, mercifully, and for the good of his people.

Extirpation of the stomach is the only sure remedy to prevent "sea sickness," possibly a little "rough" on the ocean.

Berlin, Germany, May 15th, 1902.

L. E. R.

TRIVIAL THINGS.

Is it not too true that the physician often invites censure for making light of trivial things, as he regards them, in the practice of his profession? Too often he tells his patients in an off-hand way, "Oh! this will not amount to anything", or "It is just due to a cold and will be all right in a few days." In nine cases out of ten such casual statements are due to his neglect to properly examine, or not at all examining, his case. We are all guilty and a word in warning may not be amiss. How many of these trivial things eventually become great things—fatal perhaps because the doctor has pronounced a child's affections due to "growing pains" whatever these may be. We call to mind now the case of a beautiful young woman who came very near losing her sight through such carelessness on the part of a physician of high standing. Complaining to her physician of seeing a black spot off toward her temple, he looked at her eye and said, "It is only a cold, there is a little film over your eye. Bathe it in hot water and it will be all right in a few days." Not satisfied with his explanation she applied to the writer. We told her we thought the matter serious for we believed the trouble to be either due to intra-ocular

* Dr. Russell left for Europe April 29th, with the intention of visiting the surgical clinics of Berlin and London. He will return to Cincinnati July 10. J. K. S.

hemorrhage or to some lesion of the optic nerve. Giving her hamamelis internally during that evening and telling her to report early in the morning, when if it were not better would take her to an oculist. The oculist discovered optic neuritis and an examination of her urine showed a considerable trace of albumen. It took watchful care and steady treatment for two months to check the trouble and avert blindness. Another case now under observation illustrates what carelessness of "trivial symptoms" may lead to. A child of fifteen, bright, intelligent and pretty, though not of robust constitution, has been suffering slight burning pain along the lower edge of Poupart's ligament. Occasionally there is pain in the knees or the foot. A slight limp and noticeable dragging of the limb in walking are observable. Her mother had been told that her "slight" ailment was due to her age—approaching womanhood—but as sure as two and two make four she is developing hip disease. Would not means to keep her foot from the ground, or rest in bed if early advised have altered the complexion of this case?

Persistent hoarseness, too often pronounced "due to cold"—should often excite our suspicion as to its possible tubercular nature.

These are only illustrative of the many things thought too lightly of by doctors. We cannot too strongly condemn the doctor who purposely magnifies the patient's ailment for his own selfish purposes, but we believe it to be better to err on the side of caution than to be careless of trivial symptoms which may lead to grave consequences.

H. W. F.

SURGICAL APHORISMS.

The very best skill the surgeon can give in repairing injuries to the fingers and hand can never be too delicately or carefully done, as he is dealing with a complex mechanism.

Acetate of aluminum, one per cent. in distilled water, makes quite an elegant antiseptic wash, and there can be no especial danger in its prolonged use whenever required.

Sterilized towels taken from hot carbolized water and spread about the site of operation, greatly diminishes the chances of contamination of the wound from surrounding objects.

I believe that formaldehyde could be incorporated with bismuth, chalk, or fuller's earth, in a properly dilute form, to make one of the best antiseptic dressings extant.

If the pulse gradually and steadily rises, and the temperature gradually falls, after an abdominal section, it is a sure warning of internal hemorrhage. Shock must also be taken into consideration in the differentiation.

In hemorrhage of extra-uterine pregnancy there is but one problem to solve, and that is to cut down and ligate the bleeding vessel. Hoping, deferring and prayer will not do a particle of good. Surgical

laws know no boundaries in hemorrhages; staunch the blood with a ligature.

"In surgery we repair the errors of yesterday with the knowledge and experience of to-day." Many a case of fatal puerperal fever, and many a death attributed to peritonitis, have been due to the rupture of diseased tubes, cysts, or to the spilling from the ostium abdominale of septic material into the pelvis.

Creolin is a dark brown fluid of an oily consistency, emitting an odor not unlike tar, and is made by the dry distillation of coal tar. Creolin placed in distilled water forms a milky emulsion, and the one or two per cent. solution makes an elegant antiseptic wash when you wish to rid the patient of an offensive smell.

In Porro's operation, after the abdomen is opened, the elastic cord placed around the neck of the uterus and tightly constricted helps to control hemorrhage, which is further aided by the surgeon making a short incision through the body of the womb intra-uterine, and then tearing the anterior surface of the uterus the required length to extract the contents.

L. E. B.

RESOLUTIONS.

Resolved, That the Tennessee State Eclectic Medical Society extends thanks to the Eclectic Medical Institute for sending Prof. J. R. Spencer to our annual meeting; and that this Society thanks Prof. Spencer for the able and efficient papers and addresses he has given us, and that we give him a standing invitation to be with us in our future gatherings, for in him are ability and proficiency—a noble exponent of Eclecticism."

W. N. HOLMES, M. D., President.

J. PAUL HARVILL, M. D., Secretary.

DEATH OF DR. J. C. BUTCHER.

We regret very much to announce the death, on June 19th, of another one of the most prominent Eclectic physicians in our State, John C. Butcher, M. D., of Urbana, Ohio. Dr. Butcher graduated from the Eclectic Medical Institute in 1871, and has been a prominent member of the National and Ohio Societies for the past thirty years. A longer notice will be printed in the next issue of the Journal.

J. K. S.

DEATH OF DR. WM. C. HATCH.

Dr. William C. Hatch died at his home in New Sharon, Maine, June 17th, after an illness of nineteen days. Dr. Hatch was a skillful physician, an energetic worker, and a leading Eclectic in Maine. At the time of his death he was Secretary of the New England Eclectic Medical Association. His death is a great loss to the East.

ALEX. WILDER, M. D.

FOR SALE—Eye, ear, nose and throat business in Denver, Colo., now belonging to Dr. L. E. Parr, formerly the practice of Dr. W. B. Scudder. Dr. Parr finds it necessary to leave Colorado, and has good reasons for selling. Practice is an established one on the principal corner in the city, and is a good opening for any one who understands the work. Write Dr. L. E. Parr, Union Block, Denver, or Dr. W. B. Scudder, Oracle, Pinal Co., Arizona.



VOL. VIII.

JULY, 1902.

No. 7.

BOOK NOTICES.

PERU: HISTORY OF THE "DIVINE PLANT" OF THE INCAS. With an introductory account of the Incas and of the Andean Indians of to day. By W. Golden Mortimer, M. D. With 178 illustrations. 576 pp. 8vo. New York: J. H. Vail & Co. Cloth, \$5.00.

This book is as interesting as a novel or romance. It is as instructive as history and science. The land of Coca, the Divine plant, is one of charm, of mystery, of strange attraction. This fact the author of this book has shown with wonderfully attractive settings both of word and illustration. The title of the book is *Peru*, the heart of the book is *Coca*. *Peru*, the land Prescott has touched so effectively. *Coca*, the strange intoxicant, or better stimulant, that W. Golden Mortimer has handled not less admirably.

For one thing this reviewer thanks the author more particularly perhaps than for any other. It is a central thought—the fact that coca is not cocaine. The fact that the native use of the stimulating drug is not the same as the use of the alkaloid cocaine, is important in this day of tissue destruction. Concerning this point we extract as follows:

"The theory has been advanced that because cocaine is one of the chief alkaloids of coca, it represents whatever sustaining quality the leaf can possibly have, and manufacturers base their choice of leaves upon the percentage of cocaine determined by assay. But this is not in unanimity with the selection of the native users of coca, any more than would the quality of a choice tobacco leaf be governed by the amount of nicotine it contains. The fact is, the Andean Indian selects coca that is rich in the more volatile associate alkaloids and low in cocaine. It is what is known as the sweet, in contradistinction to the bitter leaf, which latter is made bitter by the large amount of cocaine."

it contains. On this very point an authority says: "It only remains for me to say, that the relative amount of cocaine contained in native coca leaves exerts no influence in determining the Indian's selection of his supply. As a matter of fact, the ordinary conditions to which the leaves are subject during the first two or three months after they are gathered, have but little effect upon their original percentage of cocaine. The Indian, however, makes his selections from among such leaves with the greatest care, eagerly seeking the properly dried leaves from some favorite coca whose product is always most readily brought out, and absolutely rejecting other leaves, notwithstanding that the percentage of cocaine may be almost identical." (Rusby, 1888.)

But to the book: It is one that the physician should own, should read, should study. It is a cyclopedia, a history, a work of science. Beautifully printed on fine paper, 576 pages, richly illustrated, artfully sectioned, this book cannot be reviewed in justice to itself. This enthusiastic reviewer believes that even after these laudations the reader of the book will be surprised at its charm and its richness.

J. U. L.

AMERICAN EDITION OF NOTHNAGEL'S ENCYCLOPEDIA.—DIPHTHERIA. By Wm. P. Northrup, M. D. **MEASLES, SCARLET FEVER AND GERMAN MEASLES.** By Dr. Jurgensen. Edited by Wm. P. Northrup, M. D. 8vo, 672 pages, 24 plates, 3 in colors. Philadelphia: W. B. Saunders & Co. Cloth, \$5.00 net.

This volume, the third in the series of English translations of the "Nothnagel System of Practical Medicine," will certainly receive the hearty recommendation of every one who is fortunate enough to examine its contents. The article on diphtheria is one of the most complete, carefully arranged, and clear treatises on this most wide spread and too often fatal disease, that it has been our privilege to examine. Every phase of the disease is studied, and this one article is worth the price of the volume. Prof. Jurgensen's article on measles is one of the most comprehensive contributions on this old universal disease of children. Scarlatina is presented by a master hand. The illustrations are profuse and of high grade, three full plates being in colors. One can hardly overpraise the work.

R. L. T.

ATLAS AND EPITOME OF OPERATIVE SURGERY. By Dr. Otto Zuckerkandi, Edited, with additions, by J. Chalmers DaCosta, M. D., Second edition. With 40 colored plates, 278 text illustrations, and 410 pages of text. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, \$3.50 net.

This excellent work, one of Saunders' well-known Medical Hand-Atlases, needs no further recommendation to English-speaking readers than its author's name—Dr. Zuckerkandi. The rules and methods of surgical procedure are stated with the clearness that springs from definite knowledge and the emphasis born of conviction. The operations of modern surgery are described lucidly and tersely, making the

book a worthy guide alike to the student and the practicing surgeon. The verbal descriptions are most accurately reinforced and illuminated by a large number of original colored lithographic plates and text cuts. In this new edition the work has been brought precisely down to date.

The operations described and illustrated are kept within the confines of surgery, and gynecological subjects are not included. Operations that may be done upon the cadaver are more fully described than are those that require the tact and skill of the experienced operator. The book will not displace general surgical works, but it will prove an interesting addition to a surgical library, because of its german methods, its illustrations, its brevity.

W. E. B.

GYNECOLOGY. Edited by E. C. Dudley, M. D. With Collaboration of Wm. Healy, M. D. The Year Book Publishing Co. Chicago. Price \$1.25.

This volume is one of the series of ten, known as the Practical Medicine Series of Year Books, covering the year's progress in medicine and surgery. Everything new that has been reported in gynecology during the year is carefully treated. There are various noteworthy contributions, especially along the line of diagnosis of pelvic lesions; also new operations, as well as modifications of old ones. The work cannot help but prove interesting to all, and is well worth the dollar and a quarter. The whole series of ten, including a volume on each department of medicine and surgery, can be secured for \$7.50.

R. C. W.

THE INTERNATIONAL MEDICAL ANNUAL: A Year Book of Treatment, and Practitioners' Index. 1902. 688 pages. E. B. Treat & Co., New York. Price \$3.00.

We believe it unquestioned that Treat's Annual, now in its twentieth year, is by far the best work of its character extant. Its compactness, conciseness, and directness make it a time saver, while at the same time it is sufficiently full to give one a complete idea of the advance in regular medicine. Special and important topics receive unusually full treatment, and character is given the work in that the articles are signed. This gives it an authoritative stamp not possessed by other compilations. The book is well printed, abounds in copious references, and is fully indexed. The price makes it available to all, and if we could afford but one annual, we should purchase Treat's.

H. W. F.

DISEASES OF THE NOSE, PHARYNX, AND EAR. By Henry Grable, M. D. Octavo 547 pages, illustrated. Philadelphia: W. B. Saunders & Co. Cloth, \$3.50 net.

This is a well written work, and the author has the courage of his convictions, as he unqualifiedly condemns some of the time honored customs of dealing with diseases of these structures. In regard to the use of oily sprays, the following shows the independence of the writer. "The author, by unprofitable experience, has become fully satisfied,

however, that there is no permanent benefit of any kind to be obtained from oily solutions. Even the striking influence of menthol solutions in vaselin is but transient, and gives no satisfactory result in the end."

In acute tonsillitis he says, "Chlorate of potassium in saturated solution has enjoyed much popularity as a gargle, but on doubtful grounds. The dangerously poisonous nature of the drug, which has caused many deaths, should curtail its use, especially in children."

It can be readily seen from these two quotations that he has the courage to express his opinions. While the internal medication is not as complete as one could wish, there are so many valuable things throughout the book, and the elimination of so much that is obsolete, that the book is well worth a careful perusal. It is very evident the author has used his own powers of observation and profited by them.

The make up of the volume is a credit to the author and publishers.

K. O. F.

SAUNDERS' MEDICAL HAND-ATLASES.—ATLAS AND EPITOME OF OTOTOLOGY.
By Gustav Bruthi, M. D. of Berlin. Edited with additions, by S. MacCuen Smith, M. D. 244 colored figures on 39 lithographic plates, 99 text illustrations, and 292 pages of text. Philadelphia: W. B. Saunders & Co. Cloth, \$3.00 net.

The usual high standard of the series is maintained in this work. The clinical pictures are most valuable, not only for the use of the general practitioner, but the specialist as well, as at times it is not easy to make a differential diagnosis, especially in some of those forms of disease seldom seen.

The text necessarily is not elaborate in the matter of treatment, but sufficiently so to give a good foundation for work in this line, as a rule.

The advice to wear cotton in the ears as a protection from taking cold after certain procedures, is rather peculiar, as it is not generally recognized as a possible thing to do.

The book will prove a valuable acquisition to any medical library, and the publishers have made the price so reasonable that it is within the reach of all.

K. O. F.

MANUAL OF CHILDBED NURSING, with Notes on Infant Feeding. By Charles Juvett, M. D. E. B. Treat & Co., Publishers, New York. Price 80c.

This little work was first prepared several years ago for the Nurses' Training School at the Long Island College Hospital. It was well received, and served the purpose for which it was intended most satisfactorily. With the present fifth edition revised and enlarged, it will be found a work of real merit, and of special service, not only to professional nurses, but to mothers as well, and to all interested in obstetrics.

R. C. W.

COLLEGE AND SOCIETY NOTICES.

The Lincoln Meeting.

The observer who reflects over conditions in medical lines, and reflecting thus takes his text from the late meeting of the Nebraska Eclectic Medical Association, held in Lincoln May 27th and 28th, can not but realize the fact that this section of the great North-west aims to do its full share in behalf of medical progress along Eclectic lines. "In union there is strength," and in harmony there is progress. No better evidence of this fact can be offered than the growth of Eclecticism in this young State. And by Eclecticism we mean the advancement of all that tends to elevate our section in medicine. The college is thriving more perhaps than any other Eclectic college in its infancy has done. The professors are enthusiastic and teach modern Eclectic therapy. The journal is outspoken, and aims to carry the work into the very homes of the profession tributary to this thriving city on the fertile plains.

Among the pleasant evidences of growth and progress observable by him who looks, is the fact that the faces of the Nebraska Eclectics are turned onward and not backward. The men who stand in rank are working, not talking. They realize that from out the past came a rich heritage in the shape of an Eclectic *materia medica*, but they are not content to live with their faces turned backward. They realize that thrift means progress, not retrogression, and that in order to credit the men who handed them the gift they have received, work is necessary on their own part. And they appreciate not less fully that to work in the line of modern Eclectic thought is to best serve the past, the present, and conserve the future. The field of Eclectic usefulness is widening and lengthening; the opportunity for spreading kindly information concerning Eclectic therapy among physicians of other schools is now as never before. The humane practice of specific medication is the treasure Eclecticism holds and gives. It is not a thing evolved in selfishness, and retained in greed, but a system of medication that credits the giver and honors the receiver. This the Eclectics of Nebraska know, this they say, this they practice. And as evidence of the fact that this is a winning field, behold the well filled seats of the Lincoln College; behold the thrift of the Nebraska physicians who practice specific medication.

The writer would like to say a word in detail concerning the convention proceedings and the physicians present, but this will be fully covered by the secretary. Be it enough to state that the convention was in every way a success, and that the physicians of the Eclectic school in this rarely fertile section propose to show the world that the system they practice is one of deeds accomplished already, as well as of action now.

JOHN URI LLOYD.

The Minnesota Eclectic Medical Society met for its twentieth annual session, May 28 and 29, in St. Paul. While the attendance was smaller than that of some preceding years, still it was marked by more enthusiasm and animation.

Dr. C. M. Cannon, President, opened the convention promptly at 9:30 A. M., with an address of welcome. Profs. Whitford and Graves from Chicago, addressed the association in a few well chosen words—Prof. Whitford relating experiences and results obtained from practice of medicine from an Eclectic standpoint; while Prof. Graves dwelt upon the beneficial results of State organizations, and their relation to the National.

Several papers were presented by members of the Society, and received their criticisms and discussions with greater vim than in former years. The afternoon was devoted to sight seeing through the windows of a chartered trolley car. During the evening, the members attended the opera in a body.

The second day of the session was devoted mostly to business. Officers were elected for the ensuing year as follows: President, N. A. Kelly, Thenison; 1st Vice President, S. E. Sanderson, Minnesota; 2d Vice President, N. A. Nelson, Dawson; 3d Vice President, B. T. Allen, Minneapolis; Treasurer, E. Balcom, St. Anthony Park; Rec. Secretary, C. Wilbur Ray, Jonesville; Cor. Secretary, A. E. Nichols, St. Paul. Dr. C. M. Cannon was appointed chairman of a committee to aid in bringing about a reciprocity act with reference to licenses to practice medicine between different States and our own.

The following delegates were appointed to represent the Society at the National: C. M. Cannon, L. A. Kelly, S. E. Sanderson, G. G. Morehouse. The 21st session will convene in June, 1903, at Minneapolis.

A. E. NICHOLS, Cor. Sec.

In Nashville, Tenn., at 10 A. M., May 29th, the twenty-third annual meeting of the Tennessee State Eclectic Medical Society was called to order by the President, Dr. W. N. Holmes, in the hall occupied by the Dental Department of the University of Tennessee. The invocation was made by W. M. Anderson, D. D. Mayor J. M. Head was busily occupied with the Democratic State Convention then in session there, so he sent a member of the city council to represent him in extending to the Eclectics of the State a welcome to their city. This gentleman made a very beautiful address, in which he extended to this Association the freedom of that city, the "Athens of the South, famed for her hospitality. The response to this address was made by Dr. B. L. Simmons to the satisfaction of all present. The necessary business of the Association was transacted during the forenoon.

At 2 P. M., the first section, on Theory and Practice of Medicine, was taken up. Dr. B. L. Simmons presented an excellent paper on Scarlatina, and Dr. T. L. Webb read an article on Erysipelas. These

papers were discussed in an interesting manner. Dr. J. R. Spencer, from Cincinnati, Ohio, gave an illustrated lecture on the Differential Diagnosis of Endo-cardial Heart Murmurs. The convention then adjourned, to meet at the house of Dr. Geo. M. Hite, at 8:30 p. m., where an elegant banquet was served by the Nashville Eclectic Medical Society. This was a most enjoyable affair, and every one was highly entertained. After supper, speeches were made by Dr. D. M. Browder, who gave an impromptu address; Dr. B. L. Simmons on "Is Eclecticism Regular?" Dr. J. K. Duval on "Eclecticism of the South;" and Dr. J. R. Spencer on the "E. M. I." At a late hour the guests left for their homes and hotels, thanking Dr. Hite and the ladies of the reception committee for the pleasant evening of entertainment.

At 10 o'clock, A.M., on May 30th, the convention re-assembled and listened to the President's address, which was filled with thoughts for the improvement of the Eclectic school in the South, after which the regular work of the convention was taken up. Papers were read by Drs. M. M. Harvill, A. B. Young, D. M. Browder, J. T. McKeel, J. R. Spencer and others. Many of these papers provoked interesting discussions.

The Society chose Dr. J. P. Harvill, of Nashville, for its president for the next year. The other offices were filled by earnest workers in the school, whose names the writer does not remember. The convention adjourned with a feeling that this was the best association meeting the Eclectics of the State had ever held, and with a determination that the next meeting shall be made still more interesting. J. R. S.

Resolutions on the Death of Dr. Williams.

Whereas, In accordance with the will of an all-wise God, the hand of death has removed our friend and colleague, Dr. David Williams: And *Whereas*, Dr. Williams' honest, upright life, his pure motives and untiring efforts in behalf of the Medical Profession have endeared him to all physicians, and especially to the members of the State Board of Medical Registration and Examination: therefore,

Resolved, That we, the members of the Ohio State Board of Medical Registration and Examination, express our deep regret and grief because of the untimely ending of a noble life; and that, in appreciation of his qualities as a wise physician, a trusty counselor and a true friend, we place on the records of the Board our testimony to the faithfulness, ability and courtesy with which he discharged his duties as a member and treasurer of this Board, and to the ever pleasant relations which have endeared him to his fellow members.

Resolved, That a copy of these resolutions be forwarded to the family of Dr. Williams and to Medical Journals of the State of Ohio.

N. R. COLEMAN,	S. B. McGAVRAN,
H. H. BAXTER,	H. E. BEEBE,
L. F. TOWERS,	A. RAVOGLI.

The Iowa State Eclectic Medical Society held its 35th annual meeting at Des Moines, May 14th and 15th. Dr. J. B. Honer, of Lamoni, the President, had been seriously ill, but was able to be at the meeting. The program was interesting and the work well done.

The Twenty-ninth annual meeting of the N. Jersey State Eclectic Medical Society was held May 29th at Newark. The following interesting papers were read, Small pox Scare, by Dr. Alex. Wilder; Medical Legislation, by Dr. D. B. Borden; Cases in Practice, Dr. F. B. Harris, and Traumatic Insanity by Dr. G. E. Potter. The following officers were re-elected. President, D. P. Border, Paterson; Vice President, Alex. Wilder, Newark; Treasurer, N. R. Martin, Newark; Secretary, G. E. Potter, Newark.

The twenty-fourth annual commencement exercise of the California Medical College were held at Metropolitan Temple on the evening of May 20th. A large audience was entertained by a program which was brief and therefore thoroughly enjoyable. The address to the graduates made by the Rev. Wm. Rader was pronounced by all to be a most perfect blending of humor and serious thought. The class of 1902 is as follows: J. W. Gerow, F. G. Hall, W. C. Harvey, L. G. Spaulding, F. G. de Stone, and Mrs. R. M. Sinclair. A small class but a good one.

PERSONALS.

MARRIED—At New London, Ohio, Dr. R. R. Barrett, E. M. I. '92 and Miss Mary A. McElHinney on April 23rd.

LOCATIONS.—Two good locations in small country towns, with good surrounding country, schools, churches, etc. A young sober Eclectic can succeed in either place. For further particulars address with stamp Dr. S. C. Mc Kitrick, Taber, Iowa.

WANTED—An energetic young man, Eclectic Doctor, to take charge of an established eclectic practice in central Illinois town. Married man preferred. Address D., Care of E. M. Journal.

FOR SALE.—Any one wanting an established Eclectic practice in a small town and first class country, which will amount to \$3,000 or \$4,000 per year, can get same by buying my property at \$2,500 which cost me \$3,500. Said property consisting of 7 acres in the town, 5 room dwelling, Hall, 2 verandas, bath room, 2 barns, 2 orchards, good garden, 4 room tenant house. I have my own water works system and everything is as convenient as could be asked.

Party buying will be introduced into an immediate practice which is unsurpassed for a country and small town. Location is 8 miles west of Waco, at Speegleville, Texas. Address C. D. Hudson, M. D. Waco, Texas.

The antiseptic treatment of diarrhea, cholera infantum and kindred diseases of the gastro-intestinal tract is becoming deservedly popular.

The clinical reports voluntarily sent to Sharp & Dohme by physicians of judgment, would seem to clearly prove the therapeutic value of the combination of pan-peptic elixir 3 parts and benzothymol 1 part in the treatment of these conditions.



VOL. LXII.

CINCINNATI, AUGUST, 1902.

No. 8.

ORIGINAL COMMUNICATIONS.

THE URIC ACID DIATHESIS.

By Alexander Wilder, M. D., Newark, N. J.

EVERY few years we are confronted with some new theory of the causation of specific forms of disease. The two hypotheses now most prominent are that of micro organisms and that of contagion. The former had its inception in the discoveries made by Leenenhoek after his invention of the microscope; it had its day, and ceased for a time to influence medical opinion. Its latter-day reappearance may be set down with the Frenchman's visitor—"Monsieur Touson come again." The latter is probably a modern form of the ancient demonology. It was once generally believed that spirits of a malignant character went hither and thither sowing diseases in the bodies of men. In the later notions the diseases themselves are malign potencies or principles capable of implanting themselves in other individuals through the medium of some aroma which radiates from the distempered person.

Nevertheless, the fact is obvious, that no malign influence, whether it be from contagion or micro-organism, can implant itself anywhere except there exists already some nidus, some condition of body favorable to its reception. It is a law of causation that no solitary agent is effective without a reciprocal co operation on the part of another that is susceptible and passive to its operation. There can be no father where there is not likewise a mother. That something, that principle which we recognize as nature is necessary in all production, else creative energy itself will be ineffective. If we were to annihilate one pole to the magnet, the other would also cease to be.

It becomes us accordingly, as philosophic investigators, to endeavor to ascertain the peculiarities of the passive conditions which make us susceptible to morbific influences. It goes without question that if we should not be in such a state, we would be proof against epidemic or other invasion that may prevail. We can but guard against danger by learning wherein our peril consists. A cause which is not known always sets men's investigations to work, and then all kinds of phantasies are evolved.

Many years ago, Dr. Carl Both published a little monograph to show how small-pox was occasioned. A solitary passenger on a vessel that had been out several weeks upon the ocean, was found to have the complaint. There had been no contact nor contiguity, nor occult source of infection, to which it might be imputed. Dr. Both was of opinion that it might be traced to the food. The meat used upon the vessel had been cured with saltpetre instead of salt; this was with a view to guard against any possible outbreak of scurvy. He attributed to this the overcharging of the body of the patient with nitrogenous material, which could not be readily eliminated in the usual way. From such observations he formed the conclusion that all small-pox was from a like cause, the excess of effete nitrogenous matter in the body.

This hypothesis was further sustained by the late Dr. Carl Spinzig of St. Louis. He made many investigations which showed that the waste of the body, including uric acid and its compounds, existed in excess in the blood of small pox patients. The quantity was some five or six times the amount found in the blood of persons in health. There had not been sufficient energy in the emunctories of the body to remove this excess, and thus it was left to poison the fluids and work mischief. Small-pox was one of the manifestations. Dr. Spinzig was a very thorough scholar, and enjoyed superior respect for his learning and ability. His demonstrations were very clear and convincing.

The subject, however, extends over a wider field than relates to a single form of disease. A physician should be more than a mere empiric who knows little more practically of his art than the adopting of expedients. The practice of medicine ought to be something more than a mere habit of guessing and following in a routine prescribed by books and teachers. Our concepts ought to be rational and philosophic. Indeed the very terms which are used imply as much. "Disease" simply means a condition which is not ease; "disorder" is a being out of order. Both signify a disturbance of the bodily harmony. A wise inquirer will set about the ascertaining of the cause of such disturbance; knowing that if this is obviated, the natural functions will proceed to act normally, and repair everything that has been disarranged. For, as Hippocrates declares, "Nature is the best physician."

Let us examine accordingly the theories of the two writers that have been named. They are best explained by what we know as organic or physiological chemistry. The proteids and albumin compounds which are obtained from the food by the digestive processes are constituted of the five elements of carbon, hydrogen, nitrogen, sulphur, and oxygen. Every molecule of these substances being employed in the bodily economy, becomes thereby worn out material, effete, and utterly changed in character. In this way every structure of the body, the nervous tissues, the muscles, membranes and bones, are constantly undergoing disintegration. Important as these constituents had been before in the way of building and supplying the wastes of the body, they are so no longer. Their very quality has changed; from albumin and proteids they have become urea, which is not very dissimilar in its chemical elements, but is wholly diverse in its physiological character. It was nutritious before, and eagerly sought for by every tissue of the body, but now it is wholly recrementitious and in the way. It may also be remarked in this connection, that where animal food is made part of the diet, there is a large production of these noxious elements.

This wearing and wasting process which is all the while going on would soon exhaust every part of the organism, and so destroy the body by starvation, except that the supplies obtained from the food yield a contribution of plastic material to take the place of that which is thus destroyed. When the new building material thus furnished takes the place exactly of what has been exhausted, and the latter is duly removed from the body, we are in health, we are whole, physiologically complete. But there are many causes in operation for the disturbing of this equilibrium. The use of food not easy of digestion, or in excessive or even in insufficient quantity, will interfere to a serious extent. Improper food or an improper quantity, instead of enabling more growth of tissue is commonly more likely to place a heavy task upon the eliminating organs to get it out of the way. The digestive functions are thus overtaxed and unable to do their work aright. The alimentary mass then ferments and even becomes putrid; and indeed, in such cases, the individual thus fed to excess is often actually starving. Instead of being nourished by the food, he is made diseased.

When their order is interfered with, the physiological operations become more or less pathologic. "Disease is not a specific morbid entity that, like some evil spirit, has taken mischievous possession of the body," says Dr. Henry Mandesley, "but it is a condition of degeneration from healthy life." The name which is usually given to it does not so much relate to its nature and character, as to the locality of the body which is first affected. "Perhaps," Mr. Wolfe suggests, "minute animalculæ may be present in different stages of decay of tissue, and are assumed to be the *cause* instead of the consequence."

When the physiological changes take place normally in the body,

it is not probable or even possible that we should contract a disease. Whatever the epidemic or pestilential influence, or what may be deemed contagion or infection, it will pass us unscathed. The soundness of the body, and we may add with greater emphasis, the energy of the mind, are our protection. Only those become diseased who are in some way already impaired. For example, fatigue affects the integrity of the body, and exposes it to morbific action. Dr. J. J. Garth Wilkinson affirmed that moral causes were the chief agencies in the case; that the want of Christian graces and virtues is the tap-root of bodily disease. I will here remark that I am avoiding, as well as I can, the employing of technical language. Intelligent men can afford to talk English, and make themselves understood.

The building and repairing processes of the body take place most actively during sleep. Thus, even when a person is kept under the action of opium, a lesion or ulcer will sometimes heal, which under other circumstances has been intractable. Sleep seems to be our restorer and even our regenerator. We do not rise in the morning quite the same personality that sought repose some hours before.

The peculiar change or metabolism that takes place in the various substances and tissues is sometimes denominated "combustion." When fuel is burned it absorbs and combines with oxygen, and during this operation gives off heat. In the body, in an analogous manner, the tissues and various substances absorb oxygen from the arterial blood, and give off animal warmth. This process, however, is always destructive. The oxygen which we derive from the atmosphere by breathing, and without which we cannot exist, is all the while wasting our bodies, eating away the tissues, converting them into dead and noxious material. This must be got rid of or it will act perniciously upon the body. The blood, acting as a general depurator, takes it up and carries it to the liver and other glands to be put in form for ready removal.

The perspiration, urine, feces, and the mucus of the lining membranes serve in their respective offices as vehicles for this purpose. The most active organ in this work is the skin. In the next order are the kidneys; their function is to dispose of the various uric and other effete compounds that are not sufficiently tenuous to be removed through the pores. Yet in many respects the offices of the two are analogous, and each of them more or less supplements or is auxiliary to the other. When the skin slackens in its performance, the kidneys and lining membranes of the body are compelled to undertake its duties in addition to their own. Various catarrhs, renal complaints, and other disorders are thus brought to attention. The failure to remove the products of combustion, the effete material of the body, as fast as it accumulates, leaves it to be taken back into the blood. The lining membrane of the bladder will quickly absorb its contents when they are not promptly voided. Carelessness in this matter is a physiological crime, and one that is certain to exact a full and often

a terrible expiation. It is not to the production of these recrementitious materials that the pernicious results are due, but to the faulty excreting of them.

[To be continued.]

L'HOSPITAL BROCA AND DR. POZZI.

By O. C. Welbourn, M. D., Los Angeles, Cal.

IT is not my purpose to give you an eulogium on this most celebrated of French gynecologists. Rather would I portray the more prominent features of his personality, that you may become better acquainted with the man, and thus be enabled to form a correct estimate of his work and worth. Incidentally I shall describe somewhat in detail the hospital and staff of which he is the head. L'Hospital Broca is not large, neither is it imposing. In accordance with the European custom, the entire grounds are surrounded by a wall some ten feet high, and entrance is to be had only at the main gate. Here you are confronted by a man dressed in a gorgeous uniform and superb dignity. He is the porter, and condescends to inquire your business. If you have a sufficient command of the French language, you reply that you are the humble and insignificant Dr.—, and that you have a letter of introduction to the eminent and celebrated Dr. Pozzi. Lacking the necessary French, you simply present your letter and card. In either case it is well to remember that a pour boire—the inevitable tip—will help your case immensely. Twenty-five centimes—five cents—would certainly not be rejected with scorn, and a one franc piece—twenty cents—would make of you a most distinguished doctaire for at least a whole week.

Having passed the outer gate in due form, you are directed to take the path along the wall on the right. You pass several stone buildings that recall your boyish fancies of a mediæval dungeon, and at length come to one that looks as old as the declaration of independence. The door being ajar, you peer inside and see nothing but an empty bare hall and stairway. However, that much neglected sense, the olfactory, instantly announces that you are near things surgical and therefore you boldly enter. The hall leads into a little room, apparently a vestibule, the walls of which are covered with white cotton gowns. Taking the hint, you exchange your overcoat for a gown, button up the same carefully, thrust your hands to the bottom of its capacious pockets and proceed to investigate. Pushing open a door you find yourself at once in the hall of a surgical ward. The floor and wainscoting are of tile and the walls and ceiling are covered with white ship paint. A man on a step ladder is busily scrubbing the ceiling with an aseptic solution, and a woman is polishing the floor. Hearing voices in the distance, you walk that way and soon find yourself in the midst of a group of gesticulating Frenchmen. After awhile, you learn that these are Dr. Pozzi and his staff, and three o

the trustees. Dr. Pozzi is endeavoring to impress upon the trustees the necessity for certain improvements before the building will come reasonably near the requirements of modern surgery; the trustees are deplored the probable cost. These explanations and arguments carry the party over the entire building, and a good opportunity is thus afforded to see how a typical French hospital is constructed and conducted, and at the same time learn how the head would like to have it. Finally the trustees depart, and Dr. Pozzi and his first assistant seek the retirement of their dressing room.

Being at liberty, we inspect the anesthetizing and sterilizing rooms. Each is well adapted for its particular use, and abundantly supplied with all necessary fixtures and appliances. The new amphitheater is not yet completed, and this operation is to be performed in the emergency room. This room is very much like the operating rooms of our best private hospitals, and one is continually surprised by finding instruments of American manufacture. Dr. Pozzi and his assistant now enter and begin scrubbing. Each is dressed in a suit of white pajamas and short rubber boots. Dr. Pozzi is rather a large man of perhaps fifty years, with a closely cropped, pointed beard and dark gray hair. He is not a typical Frenchman, being of Italian extraction and cosmopolitan education. He talks understandingly of California and it is interesting to note the ideas and habits that he has absorbed through travel in America. He speaks English fluently and in his lectures frequently translates knotty French phrases for the benefit of those who are more familiar with English. Apparently he is never in a hurry and each step is clearly detailed as the operation proceeds. He is not so scrupulously careful of the loss of blood as is Halstead, nor is he after the manner of the reckless Doyen. One is always impressed with the idea that his work is thoroughly done. He is a thoughtful and earnest student, developing his own conceptions by working along his own lines. He is more painstaking and methodical than the average Frenchman, and has a broader grasp of things than the average German. His pen will never startle the medical sky by the meteoric rush of an embryonic idea.

CASE OF FRACTURE OF THE CRANIUM.

By W. H. Garrison, M. D., Pearl, Ill.

A CASE of fracture of the skull of rather more than ordinary interest came under my care on June 6, 1901. About 6 o'clock, p. m., I received a message to come at once to the residence of S. B., a farmer who resided some five miles from my office. The message stated that a child, aged 5 years, had been kicked on the head by a horse.

Upon reaching the house, I found the child in bed with some temporary bandages on his head. He was rational, showed no marked evidence of shock, and was not suffering much pain. I was informed

by the parents that the child had been at play in a pasture only a few paces from the house, and was accompanied by a dog which proceeded to chase a horse that was loose in the pasture, and as the horse passed near the child, he kicked, striking the child on the head. A neighbor who chanced to be looking directly at the child when the accident occurred, stated that he did not fall when he was struck, but on the contrary uttered a cry and started for the house, when the mother ran to meet him.

Upon inspection I observed that the hemorrhage had been profuse. I then removed the temporary dressing, and found a contused wound in the frontal region, about two inches anterior to the coronal suture, and crossing the sagittal suture at very nearly a right angle. The wound was somewhat less than two inches in length, and extended about one inch to the right of the median line. It was filled with coagulated blood, together with a gray material, which upon further inspection proved to be a portion of the brain. It was very evident that I had a depressed fracture of the skull to deal with, and to make the matter worse, the child was suffering from an attack of pertussis, which increased very materially the tendency of the brain to protrude through the wound.

Daylight was now practically gone, and the surroundings were such that I deemed it unwise to undertake an operation at that hour. I therefore cleansed the parts and applied an antiseptic dressing, which served to prevent further protrusion of the mass of injured brain substance, and also rendered the field of operation as nearly aseptic as possible. On the following morning I returned, taking with me my colleague, Dr. B.

We found upon arrival that the child had rested fairly well during the night, and appeared bright and somewhat cheerful. The pulse was accelerated (about 120 per minute), but there was no elevation of temperature. After making such preliminary arrangements about the room as were necessary, Dr. B. proceeded to administer chloroform, and I removed the dressings and wiped away the protruding mass of coagulated blood and contused brain matter, whereupon I found that my index finger would readily pass into the wound to the extent of an inch, at which point it came in contact with the depressed fragment of the skull.

I proceeded at once to enlarge the opening in the soft tissues, and by means of forceps I cut away a portion of the sound skull to the left of the sagittal suture, whereupon I introduced an elevator and tried to lift the depressed portion into position. A fragment about one-half inch in diameter yielded readily, but being entirely torn loose from its periosteal attachments, I removed it, and proceeded to lift the remaining portion.

This proved to be not an easy matter, and at this point the hemorrhage became profuse, and the child showed a marked tendency to collapse, which caused me to desist for a few moments. The pulse

improved in force and rythm, and resuming my work, I succeeded in lifting the remaining portion of depressed bone into contact with the sound skull.

I then cleansed the parts, removed the remaining blood-clots and mangled portion of the brain, and packed the cavity with sterilized gauze, leaving a portion protruding. The gauze has served three distinct purposes, viz., it prevented further protrusion of the brain, assisted in holding the fragment in position, and answered for drainage. I then closed the flesh wound by interrupted suture, and completed the dressing by applying gauze, cotton and bandage.

The child recovered from the effect of the anesthetic nicely, there being but little nausea and no other untoward symptoms. Strict surgical cleanliness was observed during the operation, as far as circumstances would admit, but some pus formation followed, and it became necessary to dress the wound daily; but aside from this circumstance the child made an uneventful recovery. His temperature at no time reached above 100°, and after the second day following the operation it remained normal. He slept well, ate well, never complained of pain except when redressing the wound, and was bright and playful.

On June 21st, just two weeks from the day of operation, he rode to my office in a buggy to have his head redressed, and continued to come at intervals of two to four days until July 27th, one month and twenty days from date of operation, when I dismissed the case, and from that date until the present time (June 16), he has enjoyed excellent health. He has at no time showed any tendency to epileptic seizures; in fact, so far as I am able to discover, he has shown absolutely no motor, sensory, or psychic disturbance.

It is a matter of interest to note that more than three years prior to the receipt of this injury this child fell while attempting to walk about the room, striking his head against the iron leg of a sewing machine, and sustained what the parents thought to be only a flesh wound, and no physician was called; but after the expiration of about two weeks the child became sick, and in a few hours was seized with convulsions, whereupon I was called and found what I regarded as a case of pachymeningitis. I examined the wound, which was not yet entirely healed, and found that the child had sustained a fracture of the skull which was distinctly depressed. I did no operation, but gave my attention to the treatment of the meningitis. There was a gradual improvement, and at the end of ten days the child had practically recovered, except that a marked paresis of the right side remained, which did not fully disappear for several months.

This case serves as an illustration of the remarkable tolerance to pressure sometimes manifested by the brain, especially in children. It also suggests the possibility of a certain amount of repair taking place, or if not properly repair, then a condition of compensation is established that answers well for repair. Quite a considerable amount (perhaps a half ounce or more) of the brain was entirely removed, yet

there is absolutely no discernible motor, sensory, or psychic disturbance, neither is there any impairment of the special senses, so far as I am able to discover; therefore, it would appear that the cells have been replaced, or their function is being performed by other cells, and a consequent "compensation" established.

It was evident from the nature of the wound that the horse was some feet from the child, and barely succeeded in reaching him with the point of the hoof, which accounts for the fact (if it is a fact) that the child did not fall at the time he received the injury. It also probably accounts for the fact that no symptoms of concussion were present at any time.

NEW USES FOR THUJA.*

By J. C. Andrews, M. D., Los Angeles, Cal.

THREE has not of recent years, since the lamented Howe passed away, been much said about thuja, except occasionally a person who believed in its virtues would say something concerning it.

The object of the writer upon the present occasion, is to make known some of his observations of its virtues, hitherto, as far as he is aware, not referred to, although years since wrote his experience regarding its therapeutic action upon warty or morbid growths.

John Merriweather, M. D., of Richmond, Va., published in the E. M. Journal, page 257, May issue, 1901, some of his observations concerning its therapeutic efficacy in some of the diseases of the rectum and lower bowel, which the writer has many times during the last eight months verified to his entire satisfaction, as a painless, and not unpleasant treatment. But it is in another disease he wishes to call your attention, as one of significant worth, one of the most obstinate to cure, or even to render temporary relief, that of pruritus ani. Believing that this hitherto obstinate trouble is caused and perpetuated principally by an acid discharge from the bowel, therefore, reasoning if it would cure an ulcerated condition of the bowel, would cure the effect of such discharge lower down. A case or two in point, will illustrate.

Mr. C. G. L.—In November last invited me to examine him regarding an intense itching of the anus, from which he had suffered from boyhood, especially upon retiring for the night.

The examination revealed in a most marked manner, the characteristic puffy folded condition of the parts involved, as well as a moist discharge, a condition for pin-worms, which were much in evidence, a source of great irritation.

Treatment.—After cleansing the lower bowel with an enema, of a solution of borax, prescribed the following: R—Lloyd's Thuja 3 ij. aqua pura 3 v. Sig. Inject the whole high up in the bowel, once or

* Read before the Eclectic Medical Society of Southern California, Los Angeles.

twice a day; if but once a day, select that time, either morning or evening, that will cause the least disturbance of the bowels, with the following as a local application: R—Howes juniper pomade 3 i, Fowler's solution 3 i, calomel grs. xx., Lloyd's echafolta 3 ij, methy-nol 3 j. Sig. Apply a small portion to the affected parts morning and evening, subsequent to bathing with warm water, mopping dry with soft cloth.

Should the treatment used as above directed, cause the bowels to act too frequent, use but once, preferably in the evening, just before retiring; any disposition of the bowels to move, after treatment, may be avoided by remaining in the recumbent attitude for a few moments subsequent to treatment.

Four weeks of this treatment cured this patient with no indication of any return of disease, now seven months since.

Mr. C.—Presented himself at my office, stating that he was troubled for six or eight years with itching piles, at times suffering most severely, especially upon retiring for the night: Thirty days daily use of the above treatment cured him.

Six weeks of daily treatment, similar to the above described has so relieved another patient with this disease, of eight years duration, at times of most intense suffering, that he now says, were he no worse than at present, he would not think of going to a doctor with his troubles, being comparatively comfortable.

I believe this treatment, if persisted in for another month, would radically cure him. Prior to his coming to me, had tried every thing he could hear of, without substantial relief.

Mrs. G.—called on me December 16, 1901, to be examined for what she supposed to be hemorrhoids, which proved to be fissure of the rectum (the greatest pain producer of all rectal diseases), as well as ulceration of the bowels. The rectum was in such a state of irritation, the examination made her almost deathly sick. The subsequent use of the Brinkerhoff speculum, rectal, brought to view the unmistakable evidence of ulcer, in addition to the sallow, or cadaverous complexion, obtained in many of these cases, as a result of the absorption of the excretive material of the ulcer—auto infection if you please.

This lady was completely cured with two treatments of the above per week, in three months, was practically well in two months, but to secure more permanent results, submitted to another month's treatment. Her bowels which were, prior to treatment constipated, are now regular, has gained in weight, is cheerful and happy, in truth is a new woman, enjoying life; complexion is much clearer, having a new lease of life.

During the above treatment, I noticed a warty excrescence on the right side of her face, just below the angle of the jaw, a seed wart; in speaking of it, I told her I could remove it; she said, yes cut it out, (you know people abhor the use of the knife and pain). I said no, it wont hurt you a particle; thereupon, brought her a small vial of

Lloyd's thuja, instructing her how to apply it, by removing carefully the cork, turning the bottle upon the finger, then apply the fluid to the growth, gently hold there until all the fluid is absorbed or has wet the part; this may be repeated several times a day, causing a more rapid detachment of the growth. After some five or six weeks of this treatment, it seemed to become detached at its apex, while at the base, presented a somewhat red and irritable appearance, not unlike malignancy, which worried the patient not a little, as well as the writer, becoming a source of annoyance, as her hair would while being dressed, become entangled therein, as well as in using the towel to the face, while making her toilet. It now so concerned her that she again called to make inquiry whether there was anything better that I could prescribe, or suggest. I told her I knew of none superior to that I had prescribed, when I urged her to be more persistent in the application of the remedy, than she hitherto had been. Six weeks subsequent, I called upon her at her home, finding the growth had disappeared, drying up and fell off, parts had healed up nicely, no cicatrix, or unsightly appearance of the face. Score another victory for Lloyd's thuja.

SPECIFIC MEDICATION, THE ONLY RATIONAL SYSTEM OF THERAPEUTICS.*

By W. S. Turner, M. D., Waynesfield, Ohio.

IT is generally conceded by a large majority of medical men that the administration of remedies for the cure of disease is fraught with a great deal of uncertainty.

If we look into past history of medicine we find that many systems and theories have been advanced only to be discarded by succeeding theories. The lancet to-day rests in its case, a relic of a past mistaken generation; and people are beginning to learn that disease is not an entity to be removed by force, but a wrong of some of the life functions of the body.

Specific medication, an American product, born of Eclecticism, extending over a period of more than thirty years, has stood the test of experience, and to-day there is almost a unanimity of opinion among the Eclectics everywhere that it is the most rational system of therapeutics.

If the application of remedies to disease is ever to assume a scientific basis it must be founded upon exact knowledge. Some one has defined science to be "Knowledge gained and verified by exact observation and correct thinking." If this be true we have in specific medication the nearest approach to a scientific system of medicine. It is founded upon certainty and is not merely guess work and uncertainty. When a remedy is administered there is a definite end in

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view, and we may expect definite results, or in other words there are certain reasons or indications governing us in the use of remedies to disease which go far towards removing much of the uncertainty that is attached to the practice of medicine.

We claim for specific medication a rational system of therapeutics. It is founded upon a principle as unvarying as the laws of Nature, viz., "That like causes produce like results." If a certain effect is produced by a certain remedy under certain conditions, the same effects will always be produced under similar conditions. With this as the basis of our system of therapeutics we at once see the necessity of a study that will associate the drug action with the disease expression. Such a study we have in specific medication.

We claim that every disease has certain expressions or symptoms, which if rightly understood will interpret the true nature of disease. All will admit that there is an expression of joy, sorrow, grief, anger and shame. We know this to be true because we have learned to recognize them. Is it not as reasonable to suppose that disease has its outward manifestations as plainly as these, if we but learn to recognize them? So we have made our study along these lines and our success has been wonderful as a school of medicine. In fact specific medication is the characteristic feature of Eclecticism to-day and no doubt it is to this doctrine more than anything else that our school of medicine owes its present existence.

Specific medication is founded on specific diagnosis. Their relation to each other forms a basis for a practical system of therapeutics which has been eminently successful in the hands of Eclectic physicians all over this land, for there is a certainty that the old school never dreamed of in their palmiest days.

In order to rightly understand this subject one must possess an adequate knowledge of the anatomy and physiology of the healthy man. We must know the conditions of health if we expect to be able to determine the conditions of disease. For disease is nothing more than a departure from health.

We study then the healthy living man and note the conditions. We study his general makeup, ancestry, movements, environment and everything that will aid us in this direction. We observe the general contour of a healthy man, the erect figure, the muscular development, the clear skin and bright eyes. We recognize the agility of movement—the firm elastic step. We learn to know the appearance of healthy mucous membrane—of the tongue which reveals in no small measure the condition of the stomach and alimentary tract. We become familiar with the normal secretions and excretions of the body, and when we have made our study complete; when we have thoroughly learned the structure and functions of this wonderful piece of mechanism we call man in a condition of health, we say here is the standard from which to measure disease. The various phenomena which we observe in the conditions of health we might designate as the expressions of health.

Now in our study of specific diagnosis and specific medication we say there are not only expressions of health but every disease has its expressions also. These expressions of disease we call symptoms and they form our specific indications. Who has not noted the peculiar expressions of joy, sorrow, anger or shame? We are enabled to recognize them at once because we are familiar with the accompanying symptoms. So with disease, we may be enabled to as easily recognize disease if we are acquainted with its outward expressions or symptoms. Of course many diseases have symptoms in common, as the increase of temperature and rapid pulse peculiar to all fevers; but there are always other associate symptoms which differentiate and show us the true ailment.

When we have learned the expressions of disease, our next study is to find a remedy or treatment that will meet this condition and by removing it, restore again the normal function. Or in other words meet the specific condition with the specific remedy. This to my mind forms a basis on which to build a rational system of therapeutics.

Specific medication is the study that teaches the relationship existing between drug action and disease expression. We learn that a certain drug is curative under certain conditions and we always employ this drug under similar conditions. If we can establish this fact in one or more cases it is in the line of rational scientific therapeutics.

Thousands of physicians have used, and are using to-day, our specific aconite, gelsemium, belladonna, rhus tox, bryonia, phytolacca, ipecac and others for their well known specific indications, with the most flattering results, and are willing to attest their certainty in relieving the conditions for which they are prescribed.

The study of drug action is a very essential part of our system of practice, and the more thorough we become in this direction the greater will be our chances for success.

Our aim should be to obtain a therapeutical diagnosis of disease. We mean by this that when we observe expressions or symptoms of disease they at once begin to speak to us of remedies that will meet the indications and prove curative. When we see a case of fever with flushed face, bright eyes, contracted pupils, increased heat of head, with restlessness, we cannot help but think of gelsemium. Or when we see the deep red or brown tongue we can not help but associate this condition with the indicated remedy, muriatic acid. The white pasty tongue, pale mucous membranes, calls for sulphite of soda. So it is with the entire list of remedies. The specific medicationist soon learns to associate the specific remedy with the special indication for it, and by so doing the practice becomes rational and successful.

The action of the drug is determined partly by noting its action in a condition of health, partly by experimenting upon the sick and partly by empiricism. A drug having a certain affinity for some part of the body when given in a state of health, we are apt to think of such drug in diseased conditions of said part, and in many instances it

proves curative. Ipecac in large doses produces vomiting, but in small medicinal doses it relieves an irritable stomach.

When a drug is administered it is first assimilated, and then enters the circulation to be carried throughout the body, exerting its force on some particular part or organ.

Some remedies exert their force on the nervous system, some on the kidneys, some on the skin, some on the liver and some have combined forces. Some remedies are chemical in their action. We may not be able to always understand the mode of action of a remedy, but if we become acquainted with the results and the conditions under which the action is brought about it is sufficient.

We observe the same law in the natural forces. Who does not recognize the power of electricity? Yet who can explain the secret of that power. It is a silent force that works unseen. But it draws our loads and becomes the "messenger boy" for a large portion of the human race.

By studying the natural forces we learn that under certain conditions we may expect certain results. That "like causes produce like results." If this be true in other branches of science why not in medicine. We believe that the action of drugs is as much a force as steam, electricity or dynamite. What we want is to become more familiar with that force that we may rightly apply it in our application of remedies to disease. As with the natural forces, the conditions being known, we are able to predict the action of a drug with more certainty.

The general aim of the specific medicationist is to aid the life powers in restoring the normal functions of the body. By this system we assist nature in bringing about an equilibrium between the destructive and constructive forces of life. This may be accomplished by removing the existing cause; or by supplying something that is lacking. The action may be chemical, transforming some irritating or poisonous substance into a harmless product.

The Eclectic school of medicine has made grand progress in the study of drug action, and to-day we have scores of remedies whose specific indications are known and can be used in the treatment of diseases with a degree of certainty second to no other system of therapeutics.

While we have not yet reached perfection in our study of specific therapeutics, yet we are proud of what has been accomplished in this direction, and we believe the time will come when every part of the body may be reached in a specific manner.

We are convinced that the study of remedies with this end in view is the proper method of study. To learn the action of a remedy and how and when to apply it specifically is knowledge bordering on the scientific.

While we believe that specific medication is the most rational system of therapeutics, our attempt to apply remedies successfully in all

cases and under all circumstances is often fraught with much difficulty, for the higher mental faculties are so sensitive, so subject to varying influences, that each case must be a particular study. Hence idiosyncrasy and individuality play an important part in every manifestation of disease. In the child we usually find symptoms true to nature; and the same is true to a large extent in the adult; but in old age the various functions of the body are liable to impairment, often rendering the diagnosis more difficult. But even here we have in specific medication the safest and best mode of treatment.

In the practice of specific medication we should aim to apply the single remedy as far as possible. We much prefer the rifle to the "shot gun prescription." It is more accurate; it is more scientific.

Whenever it is possible we find the basic or primary lesion, apply the proper remedy, and the whole morbid condition will pass away.

Another feature of this system of practice is that the smallest possible dose is given that will accomplish the desired purpose.

It is surprising how small a dose of the indicated remedy is sometimes required to accomplish the desired purpose. Take specificaconite for example, a remedy which when given in large doses is a powerful poison, depressing the heart action and producing constriction of the throat. This remedy in minute doses is our best sedative, and according to the teachings of Drs. Scudder and Locke, is stimulating rather than depressing in its action. Specific ipecac is a remedy whose specific action is best obtained by administering it in small doses. We have time and again administered the remedy for the relief of an irritable stomach with the best results, by adding two drops of specific ipecac to half a glass of water, and of this give half teaspoonful every thirty minutes.

We sometimes meet with failures in the use of specific remedies, because there is some functional impediment to their entrance into the medium of circulation, hence they are not assimilated. In such cases it would be rational treatment to first use such means as will remove the morbid condition, and then follow with the indicated remedy.

Then again our success depends to a considerable extent upon conditions present. Let us take a case of insomnia. Our efforts to produce sleep may be entirely unavailing, simply because we have not associated with our soporifics the conditions favorable to sleep. We must have mental repose, bodily comfort, a sufficient degree of warmth, a certain amount of fatigue in some cases, combined with perfect quietude and a dark room, and then we may be assured of results. This is not only true with regard to our management of insomnia, but in almost every disease we find it necessary to observe certain conditions if we expect success to crown our efforts.

It should be our aim at all times to let positive knowledge take the place of uncertainty whenever it is possible to do so. Modern therapeutics no longer rests upon the mere supposed action of drugs; we

want positive knowledge. We do not care to fall into the error of those who would say that "acids have been found useful in typhoid fever," or that "alkalies have been used with beneficial results in rheumatism." Specific medication teaches plainly the conditions under which the acid or the alkali will prove curative. By its researches and teachings we are enabled to replace mere guess work in therapeutics with a system that is rational, founded upon clinical experimentation. It is far superior in my judgment to that method whereby the student must go to the bedside with his head crammed full of nosology, confounded, bewildered, unable to apply with any system or certainty his therapeutic measures. No wonder so many fall into the routine of empirical practice, with little if any faith in medicine.

What we want then is not so much a nosological diagnosis, as a therapeutical diagnosis—one that will point out some rational means of cure; a system that will make plain to every student of medicine how to apply his treatment from the standpoint of reason. Such a system we have in specific medication. It is pleasant, it is safe, it is reasonable, it is successful, and to my mind forms the only rational system of therapeutics.

DIGEST OF MEDICAL LAWS.*

By John K. Scudder, M. D., Cincinnati, Ohio.

I RECEIVE nearly a dozen inquiries each week concerning medical laws in the various States, so I have prepared the following brief digest, after careful comparison with the complete laws as published in Polk's Medical Directory, and as prepared by the Regent's Office of the University of the State of New York. I believe this digest is fairly correct in all respects up to July 1, 1902. Where a Board is termed "mixed," it means that there are one or more Eclectics or Homeopaths on the Board. "Three boards" indicate Allopathic, Homeopathic, and Eclectic. Where the Secretary's name is mentioned, it means the general secretary of the Board. In addition to the examination fee required in most States, there is a small charge for the registration of the certificate. I have added the names and addresses of the Eclectic members, as frequently our physicians wish to correspond with them in addition to making a formal application to the Secretary.

ALABAMA.—Examination before the State Board of Examiners, or before one of the county boards. The latter can examine only the graduates of medical colleges indorsed by the State Medical Association. Dr. W. H. Sanders, Montgomery, Secretary. Exam. fee, \$10.

ARIZONA.—Examination before the Territorial Examining Board, (mixed,) and graduation from a lawfully organized medical college. Dr. Wm. Duffield, Secretary, Phoenix. Exam. fee, \$5.00.

* Read before the Ohio State Eclectic Medical Association at Put-in-Bay, July 16, 1902.

ARKANSAS.—Applicant must present a medical diploma for registration, or pass an examination before the County Board where he resides. Dr. R. B. Christian, Secretary, Little Rock. Ex. fee, \$6.00.

CALIFORNIA.—Examination before mixed Medical Board, and the candidate must have diploma from a medical college, the requirements of which equal those prescribed by the Association of American Medical Colleges. Reciprocity is provided for by law with any state or territory whose legal requirements equal those of California, providing such state or territory will recognize the certificate of California. C. C. Wadsworth, Secretary, 1104 Van Ness Ave., San Francisco. Eclectic members, Dr. G. G. Gere, San Francisco, Dr. L. A. Perce, Long Beach. Fee for examination \$20.00.

COLORADO.—Diploma of a recognized medical college or an examination is required. Only residents of Colorado are registered. Mixed Board. Eclectic member, Dr. T. Willis Miles, 17th & Stout streets, Denver. Registration on diploma \$5.00 On examination \$10.00.

CONNECTICUT.—Licensee issued to holders of reputable diplomas by examination before either of the three boards. Secretary Eclectic Board, Dr. Geo. A. Faber, Waterbury. Exam. fee, \$15.00.

DELAWARE.—Examination and a medical diploma and a competent common school education. Reciprocity of license has been established with some states. Dr. J. H. Wilson, Secretary, Dover. Ex. fee, \$10.00.

DIST. OF COLUMBIA.—Examination and a medical diploma after study of medicine four years. Reciprocity of licensure provided for by law, but not yet carried into effect. Three separate boards. Secretary Eclectic Board, E. G. Benson, M. D. 824-Fifth St. N. E. Washington. Exam. fee, \$10.00.

FLORIDA.—Examination and diploma of recognized medical colleges. Three separate boards. Secretary Eclectic Board, G. P. Morris M. D., DeFuniak Springs. Exam. fee, \$10.

GEORGIA.—Examination and diploma of recognized medical colleges. Three separate boards. Eclectic member, Dr. M. T. Salter, 68 South Broad St., Atlanta. Exam. fee, \$10.00.

IDAHO.—Examination and diploma from reputable medical college. Mixed board. Two Eclectic members, Dr. J. W. Turner, Cottonwood. Exam. fee, \$25.00.

ILLINOIS.—Examination and diploma of a recognized medical college. The law permits the granting of licenses to graduates of Illinois medical colleges, without examination, but the Board requires all to pass the examinations. The Board will accept the license of other states under certain conditions. Mixed Board. Dr. J. A. Egan, Springfield, Secretary. Eclectic member, Dr. W. H. Hipp, 100 State St., Chicago. Exam. fee, \$15.00.

INDIANA.—Examination and diploma of a reputable medical college. The law provides for reciprocity, but no such arrangements are yet made. Mixed Board. Eclectic Secretary, Dr. W. F. Curryer, Indianapolis. Exam. fee, \$25.00.

INDIAN TERRITORY.—Separate Examining Board for each Indian Nation.

IOWA.—Examination and graduation from a recognized medical college requiring four years of not less than 26 weeks each. Mixed Board. Dr. J. F. Kennedy, Des Moines. Eclectic member, Dr. J. F. McKIveen, Chariton. Exam. fee, \$10.

KANSAS.—(1) Examination after study of medicine four terms of not less than six months each; or (2) a certificate may be granted by the Board in its discretion to a graduate of a recognized medical college; or (3) the Board may accept the license granted in any state or territory having a standard equal to Kansas. Mixed Board. Dr. H. W. Roby, Topeka, Secretary. Eclectic members, Dr. F. P. Hatfield, Grenola, and Dr. E. B. Packer, Osage City. Exam. fee, \$10.

KENTUCKY.—Diploma from medical college indorsed as reputable by the medical Board of Kentucky. The secretary says the Board has the right to examine applicants from schools not indorsed by the Board. Mixed Board. Dr. J. N. McCormick, Secretary, Bowling Green; Eclectic member, Dr. G. T. Fuller, Mayfield. Ex. fee, \$2.00

LOUISIANA.—Examination and diploma of a recognized medical college and a fair elementary education. Allopathic Board, Dr. F. A. Larue, 624 Gravier St., New Orleans. Homoeopathic Board, Dr. Gayle Aiken, New Orleans. Exam. fee and certificate, \$11.00.

MAINE.—Examination and graduation from a recognized medical college. The law provides for reciprocity with other states having equal standard. Mixed Board. Dr. A. P. K. Meserve, Secretary, Portland. Exam. fee and certificate, \$12.00.

MARYLAND.—Examination and diploma from an approved medical college and competent common school education. Dr. J. S. Garrison, Secretary (Hon.) Easton. Exam. fee, \$10.

MASSACHUSETTS.—Examination. Mixed Board. Dr. E. B. Harvey, Secretary, State House, Boston. Eclectic, C. Edwin Miles, President, Boston. Exam. fee, \$20.

MICHIGAN.—Diploma of thirty-three recognized schools or examination. Mixed Board. Dr. B. D. Harison, Sault Ste. Marie. Eclectic members, Wm. Bell, M. D. Belding. Exam. fee, \$10.

MINNESOTA.—Examination. Non-graduates must establish their period of attendance by showing their tickets. Mixed Board. Dr. C. J. Ringnell, Secretary, Minneapolis. Eclectic, Dr. C. M. Cannon, St. Paul. Exam. fee \$10.

MISSISSIPPI.—Examination. Dr. J. F. Hunter, Secretary, Jackson. Exam. fee, \$10.25.

MISSOURI.—Examination and evidence of preliminary qualifications. Mixed Board. Dr. Wm. F. Morrow, Secretary, Kansas City. Eclectic member, Dr. E. Lee Standlee, 2201 Univ. Place, St. Louis. Exam. fee, \$15.00.

MONTANA.—Examination and diploma. Four six-month courses if graduated after July 1, 1898. No reciprocity. Dr. Wm. C. Riddle, Secretary, Helena. Exam. fee, \$15.

NEBRASKA.—Diploma of recognized medical college. Mixed Board. G. H. Brash, Secretary, Beatrice. Eclectic member, Dr. W. T. Johnson, Pawnee City. Exam. fee, \$10.

NEVADA.—Diploma of reputable medical college or examination. Dr. S. L. Lee, Secretary, Carson City. Exam. fee, \$25.

NEW HAMPSHIRE.—Examination and diploma from registered medical college. Reciprocity legal but not yet arranged. Three separate Boards of Examiners. Eclectic. Dr. W. H. True, Laconia. Exam. fee, \$10.

NEW JERSEY.—Examination and recognized diploma. Dr. E. L. B. Godfrey Secretary, Camden. Mixed Board. Eclectic, Dr. D. P. Borden, Patterson. Exam. fee, \$25. Certificate by reciprocity \$50.

NEW MEXICO.—Diploma of recognized college or examination. Mixed Board. Dr. W. G. Hope, Secretary, Albuquerque. Eclectic, Dr. John Tascher, Albuquerque. Fee on diploma \$15. on Ex. \$25.

NEW YORK.—1. Examination. 2. Diploma from medical college registered by the Board of Regents. 3. The preliminary education required by the Board. Reciprocity provided for. Three separate Boards. J. R. Parsons Secretary, Regent Office, Albany. President Eclectic Board, Dr. Lee. H. Smith, 663 Main St., Buffalo. Exam. fee, \$25.

NORTH CAROLINA.—Examination and recognized medical diploma. Dr. J. H. Way, Secretary, Waynesville. Exam. fee, \$10.

NORTH DAKOTA—Examination after attending three courses of six months each. Dr. H. M. Wheeler, Secretary, Grand Forks. Exam. fee, \$20.

OHIO.—Examination and diploma of reputable medical college; preliminary education practically equivalent to high school education. Reciprocity legal, but not arranged. Mixed Board. Dr. Frank Winder, Secretary, Columbus. Eclectic. Dr. S. M. Sherman, Columbus. Exam. fee, \$25. By reciprocity \$50.

OKLAHOMA.—Diploma or examination after having practiced five years. Dr. Grant Cullimore, Secretary, Oklahoma City. Certificate by diploma, \$2.

OREGON.—Examination. Dr. Byron E. Miller, Secretary, Portland. Mixed Board. Eclectic, Dr. H. E. Currey, Baker City. Ex. fee, \$10.

PENNSYLVANIA.—Examination; recognized diploma and competent common school education. Three separate boards. Reciprocity legal. Dr. Jas. W. Latta, Secretary, Harrisburg. Eclectic, Dr. Wm. Rauch, Johnstown. Exam. fee, \$25.

RHODE ISLAND.—Diploma of recognized medical college having four courses of eight months each, or examination. Dr. Gardner T. Swarts, Secretary, Providence. Exam. fee and certificate, \$12.

SOUTH CAROLINA.—Examination and diploma recognized by the Board. Dr. S. C. Baker, Secretary, Sumpter. Exam. fee, \$5.

SOUTH DAKOTA.—Diploma of recognized medical school. No reciprocity. Dr. A. H. Rogers, Secretary, Canton. Exam. fee, \$10.

TENNESSEE.—Examination. Mixed Board. Dr. T. J. Happell, Secretary, Trenton. Eclectic member Dr. W. H. Halbert, Nashville. Exam. fee and certificate, \$6.

TEXAS.—Examination. Reciprocity with states having equal standard. Three separate Boards. Eclectic, Dr. L. S. Downs, Galveston. Exam. fee, \$15.

UTAH.—Examination and diploma of medical college in good standing. Mixed Board. Dr. R. W. Fisher, Secretary, Salt Lake City. Eclectic, Dr. Bryant Stringham, Bountiful. Ex. fee, \$15.

VERMONT.—Examination and diploma. Three separate Boards. Eclectic Secretary, P. L. Templeton, Montpelier. Ex. fee, \$5.

VIRGINIA.—Board requires applicant to be a graduate of a reputable medical college and to pass an examination. Reciprocity. Dr. R. S. Martin, Secretary, Stuart. Ex. fee, \$10.

WASHINGTON.—Examination and diploma. Mixed Board. Eclectic, Dr. J. H. Hoxey, Spangle. Dr. J. P. Turney, Secretary, Davenport. Exam. fee, \$10.

WEST VIRGINIA.—Examination. Dr. A. R. Barbee, Secretary, Pt. Pleasant. Ex. fee, \$10.

WISCONSIN.—Examination and diploma from a reputable medical college having, after 1901, four courses of seven months each. Reciprocity legal but not arranged. Dr. F. A. Forsbeck, Secretary, Milwaukee. Eclectic members, Dr. C. E. Quigg, Tomah, and Dr. J. V. Stevens, Jefferson.

WYOMING.—Diploma of recognized school, or examination if diploma is not satisfactory. Dr. G. P. Johnston, Secretary, Cheyenne. Ex. fee, \$25. Registration of diploma, \$5.

CANADA.—In nearly every province attendance of one year in a Canadian medical college and medical examination is required in addition to a recognized American diploma.

CUBA.—Applicants must present degrees fully authorizing them to practice in the country where they were issued, and then pass professional examination.

HAWAII.—Examination and diploma from recognized medical college. No reciprocity. Dr. Geo. P. Andrews, Honolulu.

BRITISH COLUMBIA.—Examination; recognized diploma and payment of \$100. Dr. C. J. Fagan, Victoria.

NEW BRUNSWICK.—Recognized diploma and examination. Dr Stewart Skinner, St. John.

ONTARIO.—Requires four sessions of eight months in approved college and one year of clinical work and examination.

EPICTOME.

Diploma of Recognized Medical College and Examination, a Preliminary Education.—New Hampshire, New York, New Jersey, Pennsylvania, Delaware, Maryland, Louisiana and Ohio.

Examination and Recognized Diploma.—Arizona, California, Connecticut, District of Columbia, Florida, Georgia, Idaho, Illinois,

Indiana, Iowa, Maine, Minnesota, Montana, North Carolina, South Carolina, Utah, Vermont, Virginia, Washington and Wisconsin.

Examination Only.—Alabama, Massachusetts, Mississippi, Missouri, North Dakota, Oregon, Tennessee, Texas, West Virginia and Indian Territory.

Diploma of Recognized School or Examination.—Colorado, Kansas, Kentucky, Michigan, Nevada, New Mexico, Oklahoma, Rhode Island and Wyoming.

Diploma of any Recognized School.—Arkansas, Nebraska, South Dakota.

ELECTRO-THERAPEUTICS.

By J. R. Spencer, M. D., Cincinnati, O.

[Continued from page 367.]

FOR almost a century after electricity was used as a therapeutic agent, it was the general opinion of the medical profession, that its only effects upon the system were those of a stimulant and a local irritant. In 1867, after a great deal of study and experimentation, Dr. A. D. Rockwell published the statement that electricity exercised permanent tonic effects upon the system that were far more valuable than its primary stimulating effects had proven to be. This statement was received by the medical profession with incredulity and surprise, and stimulated much study along that line to the establishment of his position. On account of this special study and experimentation by the medical profession, the efficiency of electricity as a therapeutic agent has been thoroughly proven and its true position established.

The general effects of the passage of electricity through the body can best be studied under the following divisions: mechanical, physical, chemical and physiological. The first three effects on the body are the same in character as upon any other substance, but the physiological effects are those that result from the presence of life in the tissues.

The mechanical effect of electricity can be observed better in connection with the use of the faradic current. This is true on account of the alternating character of this current, flowing forward and backward, as the primary current from which it is obtained is opened and closed. When the faradic current passes through the tissues it gives them gentle exercise by a constant contraction and relaxation, like the tapping, pounding and rubbing of the massage treatment. This exercise of the tissues through which the electricity passes, improves their nutrition and strengthens them.

The physical effect of electricity upon the body is accomplished by the production of heat. This is in accordance with the law that heat is produced in a conductor in proportion to the resistance of that conductor, and the amount of electricity passing over it. The tissues of the body offer great resistance to the flow of a current, and heat results;

system, how opium relieves pain and produces sleep, or how very many other drugs accomplish cures. The fact that benefit comes from the use of electricity, properly handled, is a sufficient reason for its use. The writer of this article has only attempted to notice in a brief way some of the many facts connected with the influence of electricity upon the nutrition of the body. It is a complicated process; there is no single chemical change taking place in the human body by which its nutrition is accomplished, but there are numberless changes constantly going on by which its nutrition is sustained and it lives, moves, and has its being. These changes are modified by the passage of electricity through the body by the different ways described in this article, with the result of improving its nutrition generally.

[To be continued.]

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

REQUISITES FOR SPECIAL WORK.

In any line of special work a thorough knowledge of special manifestations is recognized as essential for good work, but the importance of a knowledge of general diseases and their influence on remote structures is fully as necessary. Another qualification that is of still more importance is plenty of good common sense and judgment, for without these, irreparable damage to the patient may result from holding bigoted views regarding local symptoms or abnormal conditions. It is always better to discover that a seemingly local manifestation is a reflex from some systemic lesion before resorting to heroic measures, than to find later that what has been done is not only useless, but positively harmful.

Fads in operative work should have no place in treating diseases of the ear, nose and throat, and fortunately the tendency at the present time is toward conservatism in this line. Systemic treatment is being more and more insisted upon, and less reliance is placed upon local treatment and operative measures for the relief of the lesions affecting these regions. That operations are often necessary is unquestioned, but the senseless destruction of turbinal tissue is now generally decried.

The fact that sprays, etc., are only of value for cleansing purposes, in the upper respiratory tract, is being recognized, and that they are valueless as curative agents marks an advance in the treatment of diseases of these regions, that will prove alike satisfactory to patient and physician.

As disturbances of the upper respiratory tract, and often the ear, are frequently a result of systemic diseases, it may be well to speak of some of the more important manifestations.

Chronic pulmonary diseases sooner or later are followed by chronic laryngeal and pharyngeal lesions.

Croupous pneumonia is frequently followed by laryngeal complications, in some instances ulceration of the vocal cords occurring. Paralysis of the vocal cords, more or less complete, may follow or accompany any lung or pleural disease.

Enlargement of the thyroid gland may cause paralysis of the vocal cords; this will depend more on the position of the hypertrophy than the size.

Cardiac lesions often affect the upper respiratory tract, producing hemorrhages, hyperemia, and congestive conditions. Edema of the larynx is not uncommon, especially where the cardiac lesion is such as produces general edema. Paralysis of the cords may occur in organic diseases of the heart.

Aneurism of the aorta may produce laryngeal complications.

Intestinal irritation, and cirrhosis of the liver are often responsible for nasal and pharyngeal reflex symptoms.

Gout and rheumatism often affect the pharynx, larynx, and ear, the symptoms sometimes preceding, sometimes coincident with, or may follow the general attack. The rheumatic condition in these localities may at times be the only manifestation of the disease. It is frequently very difficult to make a diagnosis by the appearance of the tissues alone, but the character of the symptoms complained of will generally lead to a correct diagnosis.

KIDNEY DISEASES.—The complications in kidney diseases are not only marked, but often of such a character that permanent changes result. Edema, hemorrhage, and general nutritive changes in the mucous membrane are the most common. Edema of the uvula, posterior pillars of the fauces and lateral pharyngeal walls often occurs. It is quite constant in the ary-epiglottic folds, and may be unilateral or bilateral. The edema is passive, resulting from venous stasis.

In uremic conditions there may appear an apparent laryngeal stenosis, but it may be recognized as such by the fact that it is periodic, in persons with normal respiration. In chronic interstitial nephritis, hemorrhage from the larynx and nose may occur.

SEXUAL CONDITIONS —Turgescence of the nasal erectile tissue during sexual excitement is common, and the same condition is often seen at the time of puberty. The faacial tonsils are also occasionally much enlarged at this period. More or less marked turgescence of the nasal erectile tissue is found in the female during menstruation and pregnancy, and I have noticed a fullness of the pharyngeal tissues during these periods. In diseases of the reproductive organs, the vascular system is usually the medium through which the phenomena are manifested, and there are hyperemia, swelling, exudation, and hemorrhages in the mucous membrane.

According to Fleiss, certain points on the anterior extremity of the middle and inferior turbinates and the tubercle of the septum are

genital areas, and have an influence over morbid conditions in the female. It is claimed that cocainization of these so-called genital areas will relieve the pain of menstruation, and minimize labor pains. It is also claimed that cauterization of these areas will cure dysmenorrhea.

NERVOUS DISEASES.—In tabes dorsalis the olfactory nerve may be affected, and unilateral anosmia, paranosmia, and olfactory hallucinations are not uncommon. Laryngeal symptoms may also be present, the most frequent being motor palsies of the laryngeal muscles; the typical palsy being of the crico-arytenoideus posticus, one or both being affected. The symptoms in the various forms of paralysis may be very marked, or so slight that it is not noticed by the examiner unless a careful laryngoscopic examination is made, especially in the unilateral paralysis of the posticus. Complete paralysis of the recurrent laryngeal may occur, but is infrequent. Laryngeal palsies are frequently seen in the earlier stages of tabes dorsalis, and occasionally will be the earliest symptom.

MULTIPLE SCLEROSIS.—Multiple cerebro-spinal sclerosis produces a number of motor disturbances of the larynx. One peculiarity of the tremulousness of the vocal cords is that it occurs only during phonation, thus differentiating from other diseases where the tremulousness is seen in phonation and respiration.

The important symptoms in multiple sclerosis are:

Retardation of muscular movements with the tremulousness of the cords; fatigue of the muscles in speaking; inability to sustain one tone for any length of time, as the irregularity of the movements of the cords will produce high-pitched, explosive sounds; incomplete tension and adduction of the cords, giving a rough, hoarse quality of tone.

There are many other local manifestations in the upper respiratory tract, the result of constitutional lesions, but they are better studied in connection with the systemic disease, so will not be mentioned.

HOW WE SEE—CAN WE REALLY SEE WITH OUR EYES, OR THE BRAIN.

Man does not really see with his eyes. The eyes are only an instrument for receiving images which are conveyed to the center of perception, in the brain, by the optic nerve. The blind man, who perceives size, shape and nature of an object with his hands, sees in a limited sense. If man had evolved without eyes, but with all their present brain powers, they would doubtless be able to see by some other method. Some of the lower animals have no eyes, but perceive light with their whole bodies. Now, if an image of material objects can be conveyed to the brain by some other agency than that of the eyes, it follows that a blind man who has a sound mind will be able to see perfectly well. An image is gathered together on a screen

instead of on the retina of the eye, and is conveyed directly by an electrical current to the brain. Such use has already been foreshadowed in the process well-known to science as cataphoresis. By this it is possible to convey medicines, anesthetics and other substances into the interior of a man's body without his being aware of it. By its aid cocaine can be sent through the solid bone, conveying insensibility to nerves or marrow. I may point out that the mere fact that we can see images in our dreams, in the dark and with our eyes closed, is proof of the possibility of seeing without eyes, as we at present understand them. How great are the difficulties which must be overcome before the power of seeing can be restored to those who have lost it, or before it can be bestowed upon those who were born blind, can be better appreciated when the mechanism of sight is explained. For the purpose of this explanation only the actual eye need be considered. The eyelids and other protective surroundings of the eye can be conveniently omitted from discussion.

The human eye may be said to consist of an outer transparent part, called the cornea. The colored portion of the eye is known as the iris. The black spot in the middle is popularly known as the pupil. It is really the adjustable hole in the iris which lets the light pass through to the lens of the eye. The interior of the eyeball is filled with what is called the vitreous humor. It consists of a soft, jelly like substance. Its use is to give the proper distension to the globe of the eye. At the very back of the eye-ball is what is known as the retina. This is the part upon which is received the picture presented before the eye. It communicates directly with the optic nerve, and is believed to be formed by the outspread fibres of this nerve. The best understanding of the mechanism can probably be obtained by comparing it to the simplest form of a camera. Such a camera usually consists of a box painted black inside, with a hole in front for the admission of the lens, and a ground glass plate at the back on which the photographer can see the picture he is about to take. In the human eye the convex lens of the camera has its counterpart in the crystalline lens which lies just back of the iris. The dark box is represented by the eye-ball, and the ground glass screen by the retina. In the case of the cornea the screen is enabled to receive clear images of objects at different distances by being shifted forward and back. The lens can also be screwed in or out. The human eye accomplishes these things automatically, altering the size of the opening of the iris, and by changing the shape of the crystalline lens.

Such, then, are the essential parts of the human eye, but they are by no means all that are necessary to the operation which mankind calls seeing. As a matter of fact, the brain has as much—if not more—to do with sight than any other part of the eye itself. Photographers know that when they look at the reflected pictures in the ground glass they see them upside down. The human eye works in exactly the same way, and we too, see things upside down, but an unconscious

act of the perceptive center in the brain makes the picture appear right side up. In the same way the brain acts as interpreter for the eye when such matters as size, speed and solidity are presented to it. When we gauge the speed of a train, a bird or a horse, by what we call sight, it is an operation of the brain, rather than of the eye, which enables us to estimate the speed. We judge of a motion of an object partly from the motion of its images over the field of the retina, and partly from the brain's appreciation of the muscular effort exerted by the eye in following the object.

How we see is still practically a matter of conjecture. Hitherto, it has been accepted as a law that sight was impossible without the existence of an eye in active communication with the brain. The two have been regarded as interdependent. The eye is capable of receiving a picture without the co-operation of the brain, but that picture is useless. One simple example of this is within the experience of every one. We often, when in deep thought, have our eyes open and fixed, but see nothing, because the stimulus of ordinary light is unable to excite the brain to perception when it is busy with other things. A little thought will disclose many other things to show the extraordinary way in which the sense of light is dependent upon the brain for interpretation.

The following, then, may be said to be the way in which the eye works in seeing: The scattered rays of light, reflected from the surface of any object upon which the eye is fixed, are received upon the cornea, and there gathered together and passed on to the lens. If the light is too strong, the hole in the iris contracts so as to admit less light to the interior of the eye. The lens of the eye automatically grows thicker or thinner until the object is correctly focused upon the retina. That operation is instantaneous. The optic nerve, which is attached to the retina, then carries the impression of the picture straight to the back of the head, at the top of the spine, where lies the medulla oblongata. This organ can be aptly compared to a telephone station, at which sits an operator ready to make connection with any other part of the system. When the picture, or the impression carried by the optic nerve, arrives at the medulla, it is instantly switched over to the front of the head, where lie the intellectual centers. These interpret the picture, and if necessary, pass on to other centers impulses necessary for the completion of any act which the picture presented to the mind seems to require.—J. W. DINSDALE, M. D., in *Medical Brief*.

THROAT COUGHS.

In my experience the most frequent causes of cough found in the throat are: 1, granular pharyngitis; 2, laryngitis; 3, enlarged lingual tonsil; 4, hypertrophy or chronic inflammation of the faucial tonsils; 5, adenoid growths. Very frequently two or more of these con-

ditions co-exist. Unless accompanied by a bronchitis, cough from the throat usually produces but little expectoration.

1. In the granular or follicular pharyngitis, we see small elevations of varying hue dotted over the post pharyngeal wall. There is often a general hyperemia, with enlarged blood vessels. These little masses were long regarded as muciperous glandules, enlarged and obstructed. They are really adenoid or lymphoid nodules, and hence are often found attending adenoid growths, both depending on the so called lymphatic diathesis. Besides cough, this condition often causes a weak voice, and vague neuralgic pains about the throat. By far the best treatment is one that will lessen the adenoid diathesis, that is, correct it as far as possible. I get excellent results by the internal administration of iodia in appropriate doses for the age of the patient.

LARYNGITIS.—This subject is of course too large to do more than slightly touch upon it. I speak of the variety known as chronic, which may be due to tuberculosis, syphilis, etc., but which takes a medicine acting through the blood to be of much benefit. The local appearance is usually a diffused hyperemia, some thickening and irregularity of the vocal cords, with occasional minute elevations, known as singers' nodules, along their edge. Comfort may be promoted by spraying the nose and throat with menthol and camphor in oil of alboline. The proper use of the voice and attention to the nose are of great importance, as the voice may be lastingly impaired by too frequent and violent use of it. Sprays in my hands have accomplished but little, and I have come to rely on the internal administration of Iodia in appropriate doses. Sometimes I make use of a diluted solution of Echthol as a spray, and find that it gives decided relief in selected cases, those in which there is a great deal of local irritation and dryness. This relieves the irritation and dry conditions of the throat to a very great extent.

3. Enlarged lingual tonsil is found almost exclusively in adults, and in this it differs from the other lymphoid structures of the throat. It is found at the base of the tongue, and presses upon the epiglottis, and when enlarged often irritates and catches the edges of the latter, producing cough. Besides cough its most common symptoms are a tendency to swallow when there is nothing to be swallowed, and impaired voice with or without laryngitis. This structure is usually subject to chronic inflammation, but acute inflammation may take place. It is the chronic, the more common form, that I speak of. In the treatment of this condition I get the best results by administering Iodia in full doses. Several cases I have treated have recovered fully, and have no trouble in any manner at present.

4. The tonsils when hypertrophied or the subject of chronic lacuna disease, are very apt to cause cough. In the hypertrophied condition we often find them extending downward toward the tongue. Chronic lacuna disease very often causes cough. The crypts of the tonsils are filled with a cheesy mass of a very bad odor. I find that in these

conditions the administration of Iodia gives me the most certain results, and in due course of time I have had all my patients thus affected cured by its use.

5. Adenoid growths are by far the most common disease causing coughs in children. The most common symptom, too, is cough, which is usually worse at night. Both here and in enlarged tonsils some benefit may be obtained by local cleansing, but the proper method to pursue is the administration of a remedy that will correct the lymphatic diathesis, and I find as before that Iodia gives me the best results. I use it in full doses, according to the age of the patient, and get definite results. In this paper I wish to impress the idea that these troubles are due to faulty functions of the lymphatic glands, lymphatic diathesis, and that the only rational treatment is the administration of drugs that will overcome and correct this condition. When we have done this we may hope for improvement that will be lasting, and that will result in complete recovery.—DR. SMITHWICK in *Med. Brief.*

PERISCOPE.

PREVENTIVE AND CURATIVE TREATMENT OF HAY FEVER.

It is difficult to conceive of a more miserable creature in all the world than the hay-fever sufferer. The attack not only makes him exceedingly uncomfortable, but renders him unfit for business or the pleasures of society. Aside from the annoying and continual discharge from the nostrils, the eyes are suffused, the secretion of tears is increased, the nasal passages are obstructed, and an intense burning sensation is experienced. The latter is not entirely limited to the mucous membranes, but not infrequently involves the cutaneous surfaces of the forehead, cheeks and nose. Violent attacks of sneezing occur, which are so prolonged at times as to completely exhaust the sufferer, and bring on severe headache. The condition is one of utter wretchedness, and there is extreme malaise, amounting occasionally to complete prostration. The lightest duties become irksome tasks, and many an active, industrious, and useful member of society is completely incapacitated while "the season" lasts.

For years some convenient means of relief has been sought. Change of scene does very well for those, unfettered by business, who can afford to travel. But to many very worthy people a change of scene is out of the question. Naturally the greater number of the afflicted are accustomed to look to the medical profession for the help they need. But what has the medical profession actually accomplished for the permanent relief of the sufferer or the cure of his ailment? There is scarcely a sedative, astringent, tonic, nervine, or alterative drug in the *materia medica* that has not enjoyed an evanescent reputation as a useful remedy in the treatment of hay fever. Until the discovery of

Adrenalin, each had been as much of a disappointment as its predecessor and none had afforded more than the merest temporary relief.

There is increasing evidence that Adrenalin fully meets the indications as a remedial agent in hay fever. It controls the nasal discharge, allays congestion of the mucous membranes, and in that manner reduces the swelling of the turbinal tissues. As the nasal obstruction disappears, natural breathing is materially aided and the ungovernable desire to sneeze is mitigated. In short, a season of comparative comfort takes the place of the former condition of distress and unrest. Adrenalin blanches the mucous membrane by vigorously contracting the capillaries, and thus reduces local turgescence. It strengthens the heart and overcomes the sense of malaise so frequently a prominent feature in cases of long standing.

In the treatment of hay fever the solution of adrenalin chloride should be used. This preparation is supplied in the strength of one part adrenalin chloride to one-thousand parts normal saline solution, and is preserved by the addition of 0.5 per cent. chloretoe. The 1-1000 solution should be diluted by the addition of four parts normal salt solution, and sprayed into the nares with a "cocaine" atomizer. In the office, the 1-1000 solution may be applied in full strength. A small pledget of cotton is wrapped about the end of an applicator and moistened with a few drops of the solution (1 1000). The speculum is then introduced, the patient's head is tilted backward in a position most favorable for thorough illumination by the head-mirror, and the visible portions of the lower and middle turbinate bodies, and the septum, are carefully and thoroughly brushed. The same application is made to the other nostril, when usually relief follows, in a few moments. Should the benefit prove only partial, the 1-5000 solution may now be sprayed into both nares, and a few drops instilled into both eyes. The effect of this treatment may be expected to last for several hours. Indeed some physicians report that it is necessary to make but one thorough application daily to afford complete relief.

It is also recommended that solution adrenalin chloride be administered internally in 5 to 10 drop doses, beginning ten days to two weeks prior to the expected attack. In explanation of the beneficial effect of the drug when used in this manner, the suggestion has been made that hay fever is essentially a neurosis, characterized by a local vaso-motor paralysis, affecting the blood supply of the eyes, nose, face, pharynx and occasionally of the laryngeal and bronchial mucous membranes. Adrenalin overcomes this condition, restores the normal balance in the local blood pressure, and thus aids in bringing about a cure. The profession is to be congratulated that it has at last an agent that, if not a specific, fulfills the therapeutic indications more completely and with greater satisfaction than any other remedial measure recorded in the history of medicine.

A Specialistic View of Combination Tablets.

In years gone by the doctor was in the habit of thoroughly selecting his remedy, and by careful, exact prescribing he often achieved wonderful results. It was that great difference in the method of prescribing and administering remedies that made such a chasm between the schools of medicine. Next from powders, which were troublesome to put up, came a change to the form of the compressed tablet triturate, which contained merely the single remedy. This was undoubtedly an advance, and certainly more convenient for dispensing purposes; but alas! it was merely the entering point of the wedge. Who does the prescribing now—the pharmacist or the physician? In many instances I am compelled to say the pharmacist. Why? Because it is so much easier to carry a stock of tablets—each of which contains at least three different drugs—and to dump a few into a vial, than to think a while. There is very little question of selection. If the child has laryngitis,aconite,kali bichromicum, and spongia, all in one tablet, are prescribed. This may work very well in such an instance, but how about combinations such as bryonia, rhus tox, and macrotin? And there are others even worse. If bryonia is indicated, certainly rhus can not be at the same time.

Where this will lead is easy to foretell; it will eventually end in the total destruction of our homeopathic *materia medica*. If any one belonging to our school is satisfied to practice in this way, there is no need of accurate study of any particular symptoms, for the druggist has invented a tablet which often possesses an elaborate formula, and which necessarily must be supposed to relieve a variety of conditions. It is the return of the old shot-gun system in vogue in the days of our grandfathers. It seems very pathetic that Hahnemann should have given up his entire life and energies to establish the greatest law of cure ever given to the world, and in so short a time after his death, forces most inimical to his teaching should be advancing.—Dr. T. L. SHEARER before *Am. Hom. O. O. & L. Society*.

[May we not take this ourselves, and profit thereby?—W. N. M.]

NUX VOMICA IN HEMORRHOIDS.—Nux vomica has disappointed more physicians, or it has disappointed the writer more than any other remedy in disorders of the rectum. When its indications are clearly marked it works like a charm, and it is this quick response, when indicated, which has led to its abuse. The symptoms indicating the case is one for nux vomica are: Itching accompanied with a burning, prickling pain in the tumors; bleeding after each evacuation, and especially when one finds an almost constant desire for stool. In other words, fullness in the rectum." If nux is apparently indicated and fails to give relief, I generally follow it with ignatia.

ANESTHESIA IN LABOR.

Halberstadt, writing of the advances in obstetrics during the last half century (Journal American Medical Association advocates the more general use of anesthesia for painful labor. His conclusions are :

1. The parturient state is the only condition of the system during life in which anesthetics, judiciously administered, are entirely devoid of danger.
2. The physiological action of chloroform, ether and alcohol (A. C. E. mixture) in a woman during labor is not identical with that in an ordinary subject in a dental chair or on the surgeon's table ; and, from the history of such administration, free from a well authenticated case of death, with statistics showing its superiority over venesection, opium, etc., in the desperate emergencies attending irregular labors, as eclampsia, it is fair to infer that this agent is an especial therapeutic indication for parturient women, and should be so regarded in all labors where by its use the pains of the first and second stages could be obviated, and this, too, to the ultimate benefit of the mother and safety of the child.
3. In puerperal eclampsia it is especially indicated, because of its direct, rapid and general action controlling nervous physiological irregularities, exciting secretion, relaxing the os and perineum, and, in short, preparing the parts so as to aid the accoucheur in his manipulations for the essential emptying of the uterus, to accomplish which venesection, opium, purgation, baths, counter-irritation, etc., either singly or combined, bear to anesthetics the relation of mere fractions to a grand whole.
4. Its application is universal ; no disease of heart or lungs should forbid its use.
5. In view of its known therapeutic action and safety in the small quantity required to produce narcosis, no use of the forceps, version or obstetric operation of any moment should be performed without it, not only to save the patient from shock and its consequence, but because of the great saving of time and labor, and in most instances the assistance it affords the operator.
6. Owing to the fact that uterine contractions are sometimes lessened by the administration, it may be regarded as important to precede it by an oxytocic in all labors and at any stage where the pains are slight, so as to increase their force, and also to guard against postpartum hemorrhage, a very infrequent occurrence where such precautions are taken.
7. Accidents to the unemptied bladder, ruptures of perineum and sphincter ani may be prevented, as well as death to the child, in prolapse of the cord, by the facilities afforded for rapid delivery in primiparæ.
8. In no instance have I seen narcosis of the child attributable to the anesthesia.

The small quantity necessary to produce semi narcosis, the absence of nausea, exhaustion or shock on the return of consciousness,

the impossibility of nervous perturbations, the freedom from hemorrhage, the invariably rapid getting up, with the small percentage of stillborn children, are facts which I believe to be axiomatic.

By judicious administration of an anesthetic, you cannot possibly do harm to a woman in childbirth; nor can you fail to do her good. How few physicians would refuse an anesthetic to a man or woman who required the lancing of a whitlow, the extraction of a tooth, the amputation of a breast or limb, or any of the ordinary major or minor operations in surgery, where danger to some extent always attends, and in which exists but a small amount of pain, from the shortness of duration, in comparison with that of an average labor, where statistics declare no danger under any administration can be apprehended from the anesthetic alone?"—*Review of Reviews*.

SKIN DISEASES IN YOUNG CHILDREN.

The frequency of skin diseases in children is not so great in recent years as it has been in the past. This is due, no doubt, to the fact that a better understanding as to the laws of hygiene exists among the mothers, or rather the nurses who care for the children. Then, too, the use of drugs has been abandoned to a great extent by the doctors who care for the infants. It is also quite a common thing to hear mothers say: "I have a homeopathic physician for my children, because the other school gives too strong medicine." This, too, is a reason why skin diseases are not so common with the young.

A very interesting paper by Sherwell, in the *Medical Record*, gives suggestions for further improvement in this line. He speaks of the danger in using too strong topical applications when the slightest tendency to skin irritation exists. This we realize is a common fault with mothers and doctors. The mother is disturbed when the baby skin has the slightest irritation, and she calls the doctor. The tendency to use vaseline is a very natural custom, and yet this is often an irritant. Salves and lotions containing mercury, ichthyol, iodoform, salicylic acid, etc., are well known applications in every family, to say nothing of the patent washes and ointments.

Thus it is observed that the baby skin, on the average, has little chance to get nature's relief. The majority of skin disturbances are innocent, and if a careful study of diet and physiological conditions were considered, relief would often be obtained without medication. Children are generally overclothed, overfed, and overcared for. This is more applicable to city children than those in the country. They are bundled so much when out of doors that a constant perspiration causes skin irritation. Nearly every mother feels that her child needs food whenever it cries, and thus the stomach and intestine find no opportunity for rest. If a drink of sterilized water were given oftener, if regularity of feeding and a due consideration for the proper food were more frequently appreciated, if less "stuffing" were indulged in, and above all, if the local application of cerates and solutions were discontinued, eczema and allied skin diseases would not be so frequent. We must remember the constitutional conditions are the real factors in all skin diseases, and more than this, we must keep in mind and teach the mothers that the homeopathic remedy is the best solution of this trouble with children.—*The Clinique*.

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THE SOUTHERN CALIFORNIA ECLECTIC MEDICAL SOCIETY MEETING, 1902.

While the Secretary will report this meeting in detail, a few remarks by a visitor and guest, concerning some of the features, can not but be interesting to many readers of the Eclectic Medical Journal. From Cincinnati to Lincoln, Nebraska, is a long journey; from Lincoln to Los Angeles is a longer one, and yet neither is distant enough to disturb enthusiasm in behalf of Eclectic medicine and Eclectic medication. Not less hospitably than did the Eclectics of Nebraska receive the writer, was his reception by those of Southern California, and that is saying much, for, as related in the July Journal, the Nebraska Association did itself proud in hospitality and greeting. But enough; one may be excused for lingering in kindly thought over such pleasant incidents as came to all who took part in these meetings of old friends, pupils and teachers.

The subject now is the meeting of the Southern California Eclectic Medical Association. Promptly at the time set, June 12, 1902, this Society convened in the parlors of the Westminster Hotel. President Perce called the meeting to order, and then in a few happy remarks announced that the occasion would be marked by a pleasurable innovation seldom offered a society, viz., the absence of a President's address. Most artfully did he make this statement in his charming, quaint manner, and then without giving the society a chance to applaud the "pleasurable innovation," proceeded to the order of business. But as each number was called it could be seen that the President had a delightful treat in store for his audience. Instead of the usual formal address, he brought the substance of what might have been said therein most happily before his hearers. And this innovation, so artfully arranged as to appear typical of artlessness, the writer cannot but touch thus conspicuously, for in his remarks concerning events useful to his society, it could be seen that Dr. Perce, by his thoughtful advice and sparkling wit, accomplished all he could have hoped for in a formal address, and that too even more effectively.

The membership attendance was large, more than twice that which the writer expected to find. The enthusiasm was exceptional, the cordial fellowship all that could be possible, the remarks useful and entertaining, and the papers exceptional.

In the line of *materia medica*, Dr. Munk contributed a paper regarding our old friend *Anemopsis Californica*, which deserves and will receive wide attention. This Californian plant is possessed of marked characteristics and most decided physical properties, being conspicuously and peculiarly aromatic in a direction that reminds one of a combination of galangal and ginger. More than twenty years ago this plant became the subject of a chemical examination by the writer, to whose attention it was brought by Dr. George, of California. The result of this examination was contributed, if my memory serves, to the American Journal of Pharmacy, but nothing concerning its medical value appeared in print. It was therefore with exceptional pleasure that the writer listened to the reading of the paper of Dr. Munk, portraying his personal experience with the therapy side of this friend of the olden time.

The other papers of the program were alike interesting in their respective fields, but space will not permit detail attention, nor should the writer intrude on this field of the secretary's report.

After the society adjourned a banquet, partaken of by more than a hundred guests, was held in the dining hall of the hotel. Among the invited guests may be named Mr. Wm. H. Knight, formerly of Cincinnati, who, together with the late Mr. Whelpley, inaugurated the famous "Unity Lectures," so conspicuous a feature of Cincinnati's winter attractions. The response to the toast given Mr. Black was particularly interesting, as might naturally be expected, for Mr. Knight was the retiring President of the California Academy of Sciences, and not afraid to look forward, or to talk on live issues. The writer can not refer in detail to the physicians present and their several parts; to attempt it would be to consume the entire space of the Journal, and yet be incomplete. Accordingly, as was recently done in the cases of New York and Nebraska, he must forego the pleasure of such an attempt, merely stating that in every way the meeting was a success, the membership enthusiastic, and the relationships most cordial.

The Eclectic profession of Southern California is doing its work well, is appreciated by the people of the State, is thrifty and prosperous, crediting Eclecticism as a section in medicine. In our next we shall say a word concerning San Francisco and Northern California, and the enjoyment that came to us in our visit to that stronghold of advance thought in Eclectic lines.

J. U. L.

MENSTRUATION AND ITS DISORDERS.

IV. DYSMENORRHEA (Continued.)—The neuralgic form of dysmenorrhea is of quite common occurrence, and probably as frequently encountered as the mechanical, though less likely in the young and otherwise healthy subject. This variety will be more particularly noticed in the female who has not borne children, and in most cases not until after the twenty-fifth or thirtieth year. The so called nervous subject, or one of the neuralgic diathesis is more susceptible to this feature of perverted menstruation.

This variety of dysmenorrhea may result as a consequence of various causes or conditions; it will frequently follow or result in conjunction with hysteria; chlorosis is said to be a frequent cause, though in this condition there will often be complete suppression. Many other cases no doubt depend on luxurious habits, undue excitement, as well as exhaustion of the nervous system, and habits that prove deteriorating; many cases may likewise be attributed to excessive venery; rheumatism, gout and malaria are all conditions favoring the development of neuralgic dysmenorrhea. It is the belief of many that a majority of cases simply depend upon exposure to cold, or a cold contracted primarily during a menstrual period. In fact, this distressing and painful disorder of menstruation may result from any cause which produces that peculiar state of the uterine nerves from which pain follows whenever they are inordinately excited from menstrual congestion. Usually three or four days preceding the pain the patient will become irritable, uneasy, and indifferent to her surroundings, attended frequently by impaired appetite, constipation, and a sense of languor. Pain is usually present in the back for a few hours before the advent of the flow; from the lumbo sacral region it radiates to the uterus and ovaries, increases in severity, and finally extends from the loins to the thighs and down the legs. The suffering continues with varying intensity until the flow is established. After about 24 hours it usually gradually yields, and becomes less severe in its nature. The pains are often inclined to become reflex or migratory in nature, and through a metastatic tendency attack other parts; the mammae, for instance, are frequently the seat of very severe suffering; likewise there may be a well defined neuralgia of the temporal and facial nerves; the top and back of the head is also the frequent location of an intense neuralgia peculiar to this variety of dysmenorrhea. The pains in the uterus and ovaries are intermittent while they last, gradually modifying as the flow increases and continues. The character of the flow is not unlike that of normal menstruation, usually continuing uninterruptedly without spasmotic action or the presence of coagulated blood until the period of decline.

Upon physical examination the uterus will be found normal in appearance and condition. By means of this careful examination, one may make a differential diagnosis, and exclude the mechanical and inflammatory varieties. In this variety the pains cease with the dis-

appearance of the flow, the patient readily regaining her usual health, and is free from suffering, as is also true in the mechanical form during the intermenstrual period.

Neuralgic dysmenorrhea is usually amenable to relief and cure to a very considerable degree, provided the patient observes proper habits, follows the advice of the physician, and care be exercised in carefully studying the case, and meeting the condition with the properly indicated remedies. Probably the first treatment called for will be something to move the bowels. This should be given a few days before the expected period, or as soon as inaction or constipation are in evidence. Small doses of aloes act very well in moving the bowels as well as relieving pelvic congestion. The trituration of podophyllum may be substituted in some cases; likewise the cascara is preferred by many; also the citrate of magnesia may be substituted in some instances. The severe pain in the lower portion of the back usually calls for macrotys; the patient becoming nervous, excited and disturbed, pulsatilla should be associated or given in conjunction with the first named agent. Sedatives are seldom called for; the pulse, however, may be rapid and excited, pains shooting through the uterus and ovaries, when gelsemium should be prescribed.

As the pains become tensive and tenesmic, locating in the region of the fundus, and frequently radiating to surrounding parts, viburnum is the remedy, and will act with promptness and satisfaction. The Viburnum Compound of Hayden is highly extolled by many, and has proven very efficacious in our hands. When drowsiness, dullness, and dilatation of the pupils obtain, with evidence of congestion, belladonna may be associated with the indicated remedies. Rhus is often called for by the frontal neuralgia and nervousness. When the symptoms assume the well known condition likened to uterine colic, nux gives very prompt relief. These agents as indicated, the observance of sedentary habits, quiet surroundings, and a light diet, will suffice in a majority of cases to relieve, and if persisted in, cure. In conjunction, in very severe cases, a circumscribed counter-irritant may be applied to the sacral region, also hot applications to the uterus and hot douches in the vagina will be found valuable adjuncts.

An anodyne may be required at the height of the suffering in some cases; the Dover's powder in five-grain doses will usually allay the cutting nature of the pains. In the event the severity of the suffering persists, the rectal suppository of one grain of opium in coca butter will give prompt relief.

R. C. W.

CAUTION—POISON.

In the pages of the medical journals, we note a floating article concerning an indigo treatment of pin worms. It is not to criticise the prescription or in any way to undervalue a remedy, but to point to danger of wrong, that prompts us to thus prominently head this

editorial. The article in question recommends that indigo be dissolved in water and administered in solution. If the physician attempts to dissolve pure indigo in water, he will find it impossible to do so, as indigo is insoluble. That is simply a statement of a well known fact. If he procures the mixture known as soluble indigo, sold on the market for bluing purposes, he will get a mixture of oxalic acid and prussian blue, which in any sense other than color, has no relationship whatever to indigo. That is another fact.

In this first case we have an impossible prescription, and in the latter we have an untried mixture which may be as poisonous as that very poisonous substance, oxalic acid itself. We caution our readers concerning such a mixture. Remember, if you use soluble blue or soluble indigo, as it is often called in market, you do not use indigo at all. Remember, if you attempt to dissolve true indigo in water, it will not dissolve.

The foregoing, concerning a subject that needs immediate attention and thought, may be followed consistently by an after thought. It does not necessarily follow that a mixture of prussian blue, (ferrocyanide of iron) and oxalic acid will produce a poisonous compound. So far as we know, however, it has yet to be demonstrated that oxalic acid does not carry its full poisonous qualities into this mixture. In many cases, we know that double salts or even mixtures of substances are not at all poisonous like the individual constituents. Such may also possess sensible qualities different from the original ingredients. Take, for example, the well known solution of corrosive sublimate in ammonium chloride. This is yet a poison, but does not carry the full lethal value of corrosive sublimate. This is a statement of fact, and that fact was learned many years ago by us, but probably has not been mentioned in print. The mixture is poisonous, it is true, but does not act with the violence of corrosive sublimate alone. A mixture of boracic and salicylic acids makes an intensely bitter double salt, although neither of the ingredients is bitter, indeed one is sweet. Let it be understood then, that in criticising the use of soluble indigo so-called, internally, in the heroic doses recommended with indigo for pin worms, we do not assert that the oxalic acid need necessarily, in its new location, be the violent poison that oxalic acid is alone. But we do say, that until that fact is demonstrated, every journal concerned in recommending this remedy for pin worms, should in a consistent and conspicuous way, call attention to the facts herein stated.

J. U. L.

MEDICAL NIHILISM.

There is a tendency in some directions to relegate medicine to the background, and to consider all diseases that can not be cured or treated by the knife or serums as incurable, or at least not to be benefitted by the administration of drugs. This medical nihilism is not of the Christian Science, faith healing or hypnotic cult, but is found

in the ultra scientific medical schools of Boston, New York and Baltimore, where the student receives an extremely valuable training in bacteriology, serum therapy, hermato-diagnosis and microscopic finesse, but is taught that drugs and medicines are useless in the treatment of disease. In a recent visit to a United States hospital, the surgeon in charge remarked that he never used medicine in the treatment of soldiers; he said he supposed of course a physician in private practice found it necessary to administer certain placeboe, but that he did not, and allowed diseases to run their courses unmolested. This perhaps is as well because formerly the *materia medica* was limited to morphine, quinine, mercury and whisky. He remarked that he would use morphine occasionally, but that it almost required a special act of Congress to obtain it from the U. S. government at present.

A few months ago we met in consultation a graduate of the John Hopkins University; the case was one due to an attack of the "bacillus typhoideus," he said. After a due examination we retired and his first remark was, "Doctor, you well know that there is no medicine which will cure typhoid fever." We replied that while the disease would probably complete its cycle, there was much that could be done to alleviate the urgent symptoms and add to the comfort of the patient. We, therefore, proceeded to administered the indicated remedies, aconite, asclepias, gelsemium, echinacea, and intestinal antiseptics; in twenty-four hours the temperature had fallen from 104 F. to 100 F., the delirium had disappeared, the diarrhea was checked, and the patient was in every way more comfortable; recovery was rapid and uneventful.

Two months later we met the Doctor in consultation over a case of croupous pneumonia, when he again made the remark that nothing could be done for this disease but wait for the crisis, after which stimulation would be proper; we suggested bryonia, lobelia, veratrum, and asclepias, also the compound emetic powder with stillingia liniment to the chest. He was perfectly willing to adopt these measures; crisis occurred in twenty-four hours, and the patient went on to recovery. These instances seemed to make an impression on the doctor and he later remarked that he began to feel that there was a deficiency in his teaching; he asked for light and was referred to Specific Medication and Specific Diagnosis, as well as to Lloyd, Felter and Ellingwood. He is now convinced that there is "something in medicine." As a rule, we never enter into an argument nor try to convince these ultra scientific and self-sufficient individuals that remedies other than serums will cure disease, because it is a matter of indifference to us what they say or think. We have labored too long in this field, and know too well what our remedies will do to care for a condescending, reluctant, almost contemptuous admission or acceptance of well known therapeutical facts. Faith in medicine is a well grounded belief in evidence of things seen. While it is ad-

mitted that the experienced practitioner uses fewer remedies than the novice, still to claim that there is nothing in medicine, is but a revelation of egotistical ignorance. The Eclectic school has in many years built up a system of therapeutics that will stand against all assaults from without or within, because it is founded upon incontrovertible facts, and supported by the experiences of thousands of earnest, truthful, and intelligent physicians.

L. W.

ANTIMONIUM CONDUM.

This seems to be a remedy of no mean worth, as used by our homeopathic brethren. They are quite positive about its action and the indications for its use. Some writers among them class it among the "alimentary" remedies, but others give it a wider field of action.

They agree pretty generally that antimonium condum is indicated in any disease where the tongue is coated *very thickly and very white*. Nash says, "white as milk." This tongue, we believe, is noticed frequently in the forming stages of some of the continued fevers; but the milky white tongue is *most* frequently seen (and it is here that antimonium condum is most frequently the indicated remedy) in atonic gastric troubles of a catarrhal nature, as when there is vomiting, nausea, belching or eructations of food, occurring immediately after ingestion and usually before or soon after digestion has begun.

Should this condition not be overcome in time, there follows that attempt at relief by nature, the physiological diarrhea. We have been taught to give the phosphate of soda in full sized doses for this same white tongue, and we do it with satisfaction and confidence. We believe that its beneficial effect depends largely if not solely upon its laxative action. Large quantities of serum are thrown out by it into the intestinal tract, and the undigested material is washed out instead of being "thrown up." The homeopathist gives his antimonium condum and the same effect is produced. Hence this drug is efficacious in any diarrhea, summer or winter, in old or young, morning or evening, when these conditions prevail. The stool is usually part solid and part fluid.

Another action of crude antimony is said to be upon the skin and its appendages, the nails. There is a disposition to abnormal skin growths; the finger nails are clubbed, horny, or split, or they grow like warts with large horny spots, or they are brittle and become shriveled; thick, sensitive callosities are prone to grow upon the soles of the feet, and render walking extremely painful; the possessor is a "tender foot" in reality; horny excrescences may grow anywhere; there may be gouty nodes, rashes, pimples, blisters, scurfs, and pus-tipped points, all varying in color from a pale honey yellow to a deep brown, simulating liver spots, etc. There may or may not be itching and burning. Antimonium condum is highly commended as a remedy in the acne and blotches of drunkards and bouriavants, and for the

eruptions so common to the lustful and sensuous—to those who masturbate and indulge in sexual excesses. It cures suppurating and long-lasting face eruptions, cracks at mouth corners, dry lips, etc.

Symptoms that help to the selection of antimonium condum as a remedy in these or any other troubles, are peevishness, fretfulness, dissatisfaction, etc., on the part of the patient. If a child it will not be petted or touched, or even looked at; it is sulky, out of humor, will not talk, nor be talked to. The adult is either morose, sad, weeping, despairing, suicidal, anxious, lachrymose, or sentimental, ecstatic, idealistic, lovesick or love-stricken, fanciful.

The antimonium condum patient is said to be made worse by eating, by cold bathing, by acids and sour wines, and especially by the heat of the sun or of the fire. Whatever the trouble—headache, nausea, vomiting, diarrhea, exhaustion, or what—it is made worse by the exposure to heat.

The dosage from a homeopathic standpoint does not seem to be so material. The vital question is the indication for the drug. Have you got it? If so, give a few pellets every few hours. It matters little whether they be the thirtieth, the first, the fifth, the tenth, or of the full strength dose. This is the way it seems to us. For the sake of positive medicine, we hope we are mistaken.

W. E. B.

SOME DIURETICS.

Do you want to increase the flow of urine, to wash out uric acid, or lithemia? If so, try specific polytrichum juniperum in from five drops to one fluid drachm every hour in plenty of water. It is excellent in suppression of urine from cold. Another water urger is triticum repens, or conch grass. We know of no milder diuretic. When there is blood in the urine, irritation of the kidney structure, and the water more or less scant, give conch grass. If the specific medicine does not bring the desired result, use two quarts of the infusion daily, using two ounces of the good herb to a quart. With us conch grass is a prime favorite; it does no harm; it does good.

A fresh sweet spirits of nitre will also increase the watery part of the urine. It is bland, unirritating, beneficent. Not so with the commonly made, common drug store article. It is acid, irritating, worse than worthless. If you use sweet spirits of nitre, see that it has the proper ether constituents in its make up. The best is none too good.

When you want to increase some of the solid constituents of the urine the acetate of potassium, taken in an abundance of water, is no doubt an excellent remedy. Yet there are cases in which it will produce disturbances. It causes irritation of the Malpighian corpuscles, of the tubules, and frequently of the ureters and bladder.

Select your diuretic to suit the case. Do not use the same drug for all conditions and all people. We once knew a prescriber who used a solution of acetate of potash as a filler for every bottle that went out. Certainly that was routine. But who can tell the consequences? B.

ECLECTIC STATISTICS.

The quite lengthy and admirable address of Secretary Ellingwood at the Milwaukee meeting of the National, has again brought forward the question of the necessity for organization in our school of medicine. The subject of statistics was incidentally touched upon in that address, and thinking that it would be of some interest to our readers to know the approximate number of our physicians now practicing in the various States, we append herewith a carefully prepared estimate of the number of Eclectic physicians. At different times our number has been estimated at 10,000, and in some cases at 12,000, whereas we are quite convinced that at no time have we had over 8,000 physicians who denominate themselves Eclectics and practice as such. We do not believe it can be to our advantage to make claims in the question of numbers that we can not substantiate. We believe there are fully 8,000 Eclectic physicians in the United States.

Alabama.....	65	Louisiana.....	27	Ohio.....	879
Arizona.....	7	Maine.....	39	Oklahoma.....	64
Arkansas.....	216	Maryland.....	14	Oregon.....	61
California.....	491	Massachusetts.....	118	Pennsylvania.....	273
Colorado.....	65	Michigan.....	342	Rhode Island.....	13
Connecticut.....	93	Minnesota.....	88	South Carolina....	7
Delaware.....	7	Mississippi.....	31	South Dakota.....	43
Dist. Columbia.....	9	Missouri.....	499	Tennessee.....	167
Florida.....	58	Montana.....	9	Texas.....	250
Georgia.....	339	Nebraska.....	215	Utah.....	16
Idaho.....	22	Nevada.....	6	Vermont.....	39
Illinois.....	903	New Jersey.....	57	Virginia.....	18
Indian Territory....	90	New Hampshire.....	29	Washington.....	62
Indiana.....	690	New Mexico.....	14	West Virginia....	99
Iowa.....	294	New York.....	656	Wisconsin.....	158
Kansas.....	340	North Carolina.....	13	Wyoming.....	9
Kentucky.....	145	North Dakota.....	9		
Total.....					8149

UNION OF SCHOOLS.

There may never be union of the schools of medicine, but still there is and will be to a greater extent than now, a disposition to allow the qualified physician to pursue his course without molestation and without excommunication. All the wise medical men are not found exclusively within the pale of any sectional medical field, and the wisest and best now meet on a common level. A qualified physician who is a gentleman also and devoid of quackish tendencies is admitted into the company of men of the same character, and no question asked in regard to his school affiliation. That which has never been accomplished by adverse criticism, abuse and intolerance, is very likely to come about by conciliation and recognition of merit; in this way, there will be and soon a union of medical men regardless of schools.

Some of our friends are beginning to be alarmed and to say that the Eclectic school is in more danger of destruction in our present prosper-

ity than we were in our adversity because others are adopting us and our methods; we fail to see where the danger lies. If our existence is dependent upon the mere name, Eclectic, then we are indeed in danger. The name Eclectic does not mean much as far as it suggests choosing the best from other schools; in fact, in this sense it does not mean anything and is a misnomer, and we would be better without it. If our existence depends upon purloining from the labors of others without contributing anything to their support, we are nothing but fungi and ought to be destroyed; but we are in no danger of destruction, we stand upon a firm foundation of our own construction because of a splendid *materia medica* distinctly ours, and our success in practice and our splendid facilities for teaching. L. W.

During the month of June just passed, the Eclectics of the Pacific coast enjoyed a treat the like of which they never had before. It was in connection with the visit of that true Eclectic and prince of pharmacists, John Uri Lloyd, scientist and literateur. Of the manner he was received in Los Angeles and Southern California this writer can not speak personally; but he hears it was a great reception they gave him. I had been in correspondence with him some time as to this trip. When he arrived in San Francisco, the Eclectic Medical Society of that city at once made arrangements for a reception, which was well attended by Eclectics from both sides of the bay.

Prof. Lloyd gave an address at that meeting which will long be remembered. The address covered much of his experience from the time John King, M. D., first found him in an old school drug store, and induced him to throw in his lot with the struggling Eclectics. He did so, and this writer believes that that event was the greatest event for the prosperity of our cause we have ever seen. His address was replete with advice which if followed will certainly build us up.

An appointment was made for him with his good wife to visit Oakland, where a goodly company of Alameda county Eclectic physicians and their wives met him at the cars, and took him to the State University where the Botanical Gardens were inspected. Then they were brought to Oakland, where they were entertained at a banquet, and Prof. Lloyd gave us more wise and loving advice. And as we think of the "feast of reason and flow of soul" we enjoyed, we say to these dear friends, Come again.

JOHN FEARN, M. D.

Dr. Florence Tippett Duvall has been made editor-in-chief of the Georgia Eclectic Medical Journal and we wish her every success in her new field. We know she will be able to handle matters skillfully, and that the interest of the Journal will be well taken care of. She will be assisted by Dr. H. E. Truax, formerly of Chicago, as business manager. Dr. Sexton resigns as editor and will return north to practice medicine.

Dr. Sherman's Appointment on the Ohio Board of State Examiners.

It cannot but please physicians concerned in the progress of medicine, to know that so able a man as Dr. Sherman has been selected to succeed our late genial friend, Dr. Williams, on this Board. In this important position, we feel sure that Dr. Sherman will act with thoughtful determination, viewing in a broad way, the conditions that confront the practitioner, both of the country and in the city. We feel furthermore certain, that fanaticism of any and every kind, is a thing that Dr. Sherman will most carefully avoid, and that neither prejudice nor favoritism will in any way tend to mar the discriminative touch with which he will broadly view this most important subject. The colleges, the universities concerned in teaching medicine, as well as the welfare of the people, and the medical profession, are alike problems of this Board, and he who aims to do his duty for the people (for this medical law was framed for the people), must bear in mind that of the people are all teaching institutions, and that of the people are the medical professions also, and that their welfare is to be considered in connection with the welfare of other people of the state. These things we say we feel certain Dr. Sherman with discriminative thought, will perceive, and that he will not permit himself by immature self thought, to become a party to a wrong done either college, physician or state. The position he has accepted is one of trust, not that of individual conspicuity, and the board is expected by its wise discriminative methods, to conserve Ohio teaching institutions honorably and fairly, uplift the medical profession of Ohio rationally, and with circumspection benefit all the people. As one who can view a subject in a broad way, devoid of conceit, deceit or of self sought conspicuity, we welcome the appointment of our old friend, Dr. Sherman.

J. U. L.

DEGREE CONFERRED UPON DR. RUSSELL.

The grand old literary college of Moore's Hill, Ind., one of the oldest and most prominent literary colleges in the state, conferred through its Board of Trustees at their June meeting, 1902, the degree of A. M. upon Professor L. E. Russell, one of the Faculty of the Eclectic Medical Institute, of Cincinnati. The following letter from the President of the college is self-explanatory.

MOORE'S HILL COLLEGE, IND., July 16, 1902.

Dr. LINUS E. RUSSELL, A. M., Cincinnati, Ohio.—

At our last General Board Meeting I was instructed to confer upon you the degree, Master of Arts, (Pro Honore). The instructions were gladly followed and in your absence the deed was committed. I now have a parchment certifying to same and shall take pleasure in sending it you when I learn positively of your address. A letter from Dr. Haase this morning tells me of your return from the continent.

With kindest regards and best wishes for your continued prosperity,
I am very cordially, CHARLES W. LEWIS.

SURGICAL MISCELLANY.

ILLNESS OF KING EDWARD VII.—Two weeks before the time set for the coronation of Edward VII, the illustrious patient was ill with many of the premonitory symptoms of appendicular abscess plainly manifest, such as pain in the right leg and loin, high temperature, chill, etc.

The King was too ill to attend the army review at Aldershot, although he had traveled the distance to be present at this exhibition. A week later he was too ill to attend the opening of the royal horse races at Ascot, and a week later came in from the palace at Windsor to attend the coronation festivities. At this time he reached London after an hour's ride on the railway; at the depot after alighting from the train, the King was very lame in his right leg, which was much flexed; he walked with a cane and wore a heavy overcoat on account of being chilly, although the day was very hot.

Soon after his arrival at Buckingham Castle, there was a consultation of physicians and surgeons, when it was discovered that there was a large abscess in the right iliac region. An exploring incision was made, and a pint of offensive pus was evacuated.

The operation was bulletined and heralded to the world through the secular press as something wonderful, a little short of a miracle. American surgeons would have been justly censured had they been so negligent in the diagnosis of such a condition. The King, with all the instincts of an animal, was trying to make the case plain enough for a correct diagnosis to have been promptly made.

Let us hope for the good of the general practitioner of medicine, that when he has a case with all the pathognomonic symptoms of such a common lesion: pain in the right iliac region, lameness and flexion of the right leg, edema of tissues over affected area, chills, temperature, costive bowel, loss of appetite, insomnia, etc., the diagnosis will not be lumbago.

APPENDICITIS.—In ultra-acute appendicitis with a high temperature there may be auto infection—septic poisoning—which is so overwhelming in its toxic effect that the patient dies in a few hours without abatement of the progressively rapid dissolution, even though the appendix has been successfully removed, and everything done to incite a favorable termination of the malady. Such cases are practically classed as fatal from the onset of the disease.

In another dangerous class of cases, manifest by meteorism under the finger pressure and pitting of the cellular tissue, a speedy fatal termination will take place if the case is not subjected to surgical interference by drainage, etc., whenever pus is manifest. Open the abscess and drain; nothing more, nothing less.

CANCER OF THE UTERUS.—German surgeons advise and execute hysterectomy immediately after the certainty of the diagnosis of carci-

noma. Prof. Olhausen performed a vaginal hysterectomy on a woman three months pregnant on account of carcinoma of the uterine cervix, remarking that to delay the hysterectomy till after normal delivery, would be certainly fatal to the mother.

The champions of English surgery in regard to supra-vaginal amputation of the uterine cervix in carcinoma, have abandoned this method in favor of complete vaginal hysterectomy.

Peroxide of hydrogen is an efficient germicide and practically unirritating, and therefore to be commended in the cleansing of the tubercular abscess, and in necrotic tissues where it is desired to wash away the debris resulting from the destructive action of the bacteria or the toxines on the diseased tissue. It is a good remedy to use also where there is an exuberance of granular tissue, and the parts are to be cleansed and sterilized prior to cauterization. Also in all cases of diseased osseous structure. The strength of hydrogen peroxide must be determined by the ability of the patient to endure the first effects of the washing. I often advise the use of a 25 or 50 per cent as a preliminary washing, then increase the strength to its normal or full strength, diluting the different per cents of the peroxide with distilled or sterilized water.

L. E. R.

PHYSICIAN'S PRESCRIPTION AT CARLSBAD.—According to custom, patients at different watering places are expected to see a physician and obtain a prescription before they commence the drinking of the water or the use of the baths. It was at the famous Carlsbad, in Austria, that a middle-aged man of sallow complexion called on the local physician for a prescription, which was as follows: Drink two glasses of hot water before each meal; take a bath at 11 A. M., temperature of 90°, and smoke three cigars each day. Two days afterward the man appeared at the doctor's office, looking quite badly, indeed, and on being charged by the doctor with not having carried out the directions faithfully, replied: "Yes I did, doctor, but I never smoked before in my life, and I can't stand those three cigars, they make me sick."

L. E. R.

Eclecticism Defined.

In the Medical World of July, we notice an excellent article on the subject of "Eclecticism" by Dr. Crocker of San Francisco, in which he introduces the excellent paper by the late Dr. John M. Scudder, concerning the difference between the Three Schools of Medicine. Dr. Crocker could not have done better than to give, in the space at his command, to the readers of the World, a view of Eclecticism that must be new to the majority of the World's patrons, and he, as well as the editor of the World, will receive the thanks of the friends of true Eclecticism, for publishing this excellent paper in full. It would have pleased us could Dr. Crocker have taken the

paragraph beginning, "We do not object to the continued use of unpleasant drugs which keep the stomach in a state of revolt," written by Dr. Scudder near twenty years ago, and after that verse added a treatise on the execrable new things now dominant in the therapy of regular physicians to which we object as positively now as did Dr. Scudder and the early Eclectics mentioned therein to the barbarisms prevalent in the past.

J. U. L.

Little Hillock in the Graveyard.

"It is the hand-fed child which is the peculiar victim of these severe bowel difficulties. It is a screaming shame and a blistering disgrace to humanity that suckling one's child has become bad form among a certain class of uppish women. What must be said of that motherhood that will sacrifice to the au fait of snobbery the life of the innocent child she has borne?"

The above clipping, from a contribution by Dr. W. C. Cooper to the Medical World, should be reproduced in full. It is not too strongly put, this subject that concerns humanity at large, that humanity which thinks of the helplessness of the most helpless, and yet stands powerless in the face of this wrong which breeds slaughter to the innocent. Again we say, while it is possible that in many cases artificial foods are necessary and in others a Godsend, in the majority of cases, the mother who inflicts the bottle with its accompanying swarms of aminated and filth-bred, disorganized nastiness upon her little one, too often takes the first step towards the little hillock in the graveyard.

J. U. L.

Death of Dr. Wm. F. Curryer.

On our return from a western excursion, we were shocked to learn of the death of our old friend, Dr. Curryer of Indianapolis. Attempt will not be made in this place to do more than note the fact of his demise and to add that arrangements have been made with Dr. C. G. Winter of Indianapolis, whereby an obituary, such as should appear in this Journal, concerning Dr. Curryer, will be written for the next number. To this we will add, however, that from the time we met Dr. Curryer in Thorntown, Indiana, twenty-five years ago, until the present, we have held him in the highest esteem. He has served the people of Indiana well, he has credited Eclecticism in every way, he has been a kind father, a good citizen, in all that tends to make life useful, has shirked no responsibility and has always been cheerful and pleasant and of a happy disposition whenever and wherever met. He has been thoroughly earnest in his work in behalf of the section of medicine to which he belonged, journeying often quite a distance to attend an Eclectic Commencement or an Eclectic convention. He has occupied a position of trust in the community, and in every way has been a credit to his family and the profession of medicine. His loss will be severely felt both at home and abroad. But as has been said, Dr. Winter will tell the story of this useful life in the next number of the E. M. Journal.

J. U. L.

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No. 8.

BOOK NOTICES.

THE ECLECTIC PRACTICE IN DISEASES OF CHILDREN. For Students and Practitioners. By William Nelson Mundy, M. D. 12mo, cloth. Price \$2.50. The Scudder Brothers Co., Publishers, Cincinnati.

That a new Eclectic Practice in Diseases of Children was badly needed there can be no question, and that Dr. Mundy has well succeeded in supplying this want will be readily recognized by all on looking over this carefully written work of over 600 pages. The style, diction, clearness of type, beauty of paper, binding, and material in general, together with the conciseness and arrangement of subject matter, all contribute to make it a modern text-book fully up to the standard.

The author has divided the work into three principal parts. Part I, including two chapters, covers the subject of infantile therapeutics. The difference in the action of remedies upon the adult and child is noted, such differences being especially studied in their action upon the nervous system, the circulation, the digestive tract, and the excretory organs. Many of the diseases of children are due to some disturbance of the nervous system; very slight excitation or irritation frequently resulting in a determination of blood, from which follows restlessness, wakefulness, deranged circulation and convulsions. Rest to the nervous system is of the highest importance to the young child, and by rest the author is emphatic in an avoidance of all causes of irritation or excitement, whether physical or mental; also that in some diseases rest to the nervous system is absolutely essential to life, and that since all processes of life are to a greater or less extent under the influence of the nervous system, we may so guide them by medicinal action upon the nerve centers as to remove disease.

The writer makes very clear the fact that derangement of the circulation of the blood plays an important part in most diseases of

childhood ; but that perversions of the circulation are usually readily reached, and that no agents respond more promptly or with greater satisfaction than those that act on this function.

That the digestive apparatus contributes its quota of diseases there can be no doubt. Attention is called to the consequences of defective digestion, also as it affects the sympathetic nervous system and cerebro-spinal centers, as a result of which convulsions follow, also nervous irritability, restlessness, sleeplessness, due to crude material or irritating ingesta in the stomach or intestinal canal. Normal action of the excretory apparatus is essential to promote the health of the child. The organs are very easily stimulated ; over-stimulation often results in death as a consequence of exhaustion, or complete inaction and poisoning from want of power to eliminate the excreta.

Those who have the pleasure of a personal acquaintance with Dr. Mundy know him to be one of the foremost and closest students of specific medication. It was therefore to have been expected that specific medication would constitute the form of treatment or medication advocated by him in this work. As he says, "In the treatment of the diseases of children especially, I prefer direct or specific medication, as I do in the treatment of the adult." The theory of specific medication is clearly explained, and the fallacy of specifics for diseases or names is thoroughly exploded. The single remedy, as far as possible, for the pathological condition, expressed by the most pronounced symptoms, in the order in which these pathological conditions take precedence, offers a direct and very certain treatment for disease.

The specific tinctures peculiar to the Eclectic school are advised in the small and frequently repeated dose. The remedies are studied under the following classification : 1, those which influence the nervous system ; 2, those which influence the circulation ; 3, those which influence the temperature ; 4, those which influence the respiratory apparatus ; 5, those which influence the digestive apparatus ; 6, those which influence the urinary apparatus and its secretion ; 7, those which influence the skin and its secretion ; 8, those which oppose the malarial poison—anti-periodics ; 9, those which oppose the process of sepsis—antiseptics ; 10, those which oppose rheumatism—anti-rheumatics ; 11, those which oppose the syphilitic poison—anti-syphilitic.

The remedies in each group are studied, as the remedies which influence the nervous system, viz : Gelsemium, belladonna, rhus, bryonia, lobelia, pulsatilla, nux vomica, phosphorus, passiflora, chloral, chloroform, ammonium bromide, ammon. carbonate, ammon. iodide, chamomilla, cenanthe crocata. In addition, the specific indications of each individual remedy of every group are given, as with gelsemium : *Specific indications*—The face is flushed, eyes bright, pupils contracted, temperature increased, nervous system excited, patient restless and wakeful. *Dose*—Gelsemium gtt. x to gtt. xx, water $\frac{3}{4}$ iv; a teaspoonful every hour. When the irritation is very great, and the patient is threatened with convulsions, the dose can be increased. The

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"During the recent summer, I believed I saved the life of a little negro boy by the use of Echafolta and this remedy alone. He was about four years old, and his surroundings were of the most unsanitary character and his nursing the poorest imaginable. In spite of these unfavorable conditions he recovered after an exhaustive disease lasting more than two months. The trouble began very much like a case of continued fever; but of a low type. He continued to get worse and about the second week experienced an alarming condition approaching collapse. The heart action became very feeble and intermittent. Following this depression came an exhaustive diarrhea of a choleraic character. I easily controlled this diarrhea with rhus aromatica. At this juncture septic infection became evident and the lungs were involved with a pneumonia of quite pronounced severity. I then began administering ten-drop doses of Echafolta. This had the effect of mitigating the symptoms considerably, and in a few days his condition was so much improved that I stopped the remedy, and then the symptoms became greatly aggravated. I again resumed the Echafolta, when a complete change for the better took place, but it was followed by another profuse diarrhea and I discontinued the Echafolta and again controlled the diarrhea with rhus aromatica. At this stage of the disease (third week) circumscribed, inflammatory swellings appeared on various parts of the body. These were sluggish, and, at first, quite painful, but soon developed into abscesses and would break spontaneously, discharging a sanguous and offensive pus. The abscesses continued throughout the course of the disease (ten weeks) and numbered at no time less than six, appearing chiefly near the joints, on the neck, in the groin, on the back and one on the scalp. Feeling convinced at the time that Echafolta was the only remedy administered that seemed to hold the disease in check, I put him on ten-drop doses every three hours and kept him on it until complete recovery took place. From what I observed in this case I believe that the boy could not have lived without the remedy, for whenever it was discontinued he became alarmingly worse, and whenever it was resumed, his condition became better so promptly that I could attribute it to no other cause. The boy to-day is strong and hearty and shows no ill effects of his serious illness."

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BEST MEDICINES in the world, and the foundation
stones, upon which the superstructure of Eclectic
Medicine has been built, and upon which it rests
unshaken."

EDITORIAL FROM E. M. JOURNAL.

agent is further studied as to its action on the circulation, cerebro-spinal centers, and sympathetic system; also as an antispasmodic. All the remedies of the other groups are studied with reference to their specific indications in the same manner, giving the specific indications, dose, and general use of over one hundred distinct specifics.

Part II is covered by chapter iii, and is devoted to the care and management of infants. This part or chapter has to do particularly with the *baby*, and may be found of special advantage to the young practitioner and student. Attention is first called to care in washing and drying the new-born child. This is too often hastily and carelessly done; the child frequently suffers from irritation and neglect thereafter. Exception is taken to the usual manner of bandaging the child, the bandage being too wide and applied too tightly. The unnecessary width disturbs the action of the lungs and diaphragm, being usually pinned about as tightly as the nurse can manage, the child becomes restless; the pressure over the abdominal muscles excites colic, infantile constipation, and no doubt later prolapsus ani and hemorrhoids. The only need whatever of the belly-band, as the author explains, is to retain the dressing of the cord.

The author discourages the notion prevalent with so many that the child should be "dosed as soon as born," as explained there is no occasion to give something to move the bowels, saffron tea, chamomile, and certain other agents less elegant, simply to give the youngster a start in life. The truth is, the less the child is interfered with the better it will get along. Proper relief is given for sore nipples, difficulties in nursing, etc. As suggested, the natural food of the child for the first six months is the mother's milk, and it is rarely the case when the mother is healthy that any other food will be required. The composition of human and cow's milk is given and the various artificial means considered where the mother is unable to nurse the child. The most desirable alternative is the wet nurse, though great care should be exercised in making a selection, in point of health and disposition of the woman, as well as quality, quantity and age of milk. Next to human milk, as is suggested—cow's milk properly modified, answers the best purpose.

Part III starts out with the *Diseases of Childhood*, and is the beginning of the body of the work. Chapter iv calls attention to the peculiarities in diseases of the child not met with in the adult; these are principally owing to symptomatology, diagnosis, and prognosis. Several pages are devoted to the anatomy and physiology of the infant, as to the brain, bones, irruption of the teeth, glandular system, special organs, together with the growth and development of the child.

In diagnosis the importance is rendered apparent of the direct observation and study of the respiration, pulse, expression of face, character of cry as well as any unusual features to which the attention

may be attracted ; likewise such history as can be given by the nurse or mother, and the quicker one discards the idea of ascribing all obscure acute troubles to teething, the better it will be for both patient and physician. The balance of the chapter is given to a very interesting and instructive study of the temperature, pulse and respiration, the relation each sustains to the other, the changes noticed under various circumstances and conditions of life, etc.

Chapter v considers the diseases of nutrition. A study of malnutrition and the various causes of diseases of this class, so prevalent among children, is given. Including among others marasmus, scorbutus, and rachitis.

A very exhaustive treatise is given through chapter vi on diseases of the digestive apparatus ; this is one of the most practical and interesting sections of the work, including a long list of ailments and diseases so common at all times from babyhood to early youth.

R. C. W.

[To be continued.]

TRANSACTIONS OF THE OHIO STATE ECLECTIC MEDICAL ASSOCIATION FOR THE YEAR 1901, including the proceedings of the thirty-seventh annual meeting held at Put-in Bay, July 16, 17, 18, 1901, together with the reports, papers and essays furnished for the several sections. Edited by the Committee of Publication and published by the Association.

As a frontispiece is the excellent likeness of the President, Dr. J. K. Scudder, of Cincinnati. Then follows the official lists for 1901 and for 1902, and lists of the standing committees, constitution, by-laws, order of business, code of ethics ; then the proceedings or minutes of the meeting, with committees', treasurer's reports, etc. Then follows the section work in full—the papers as read or edited by the committee, and the several discussions as reported by the Secretary. The Committee on Credentials recommended for membership twenty-six names, and rejected two or three.

Altogether the section work and papers were up to or beyond the usual standard. The President's address was a good one, and contained some words of warning. We congratulate the publication committee upon its work and the Society upon its work. W. E. B.

A MANUAL OF OTOLGY. By Gorham Bacon, A. M., M. D. New (3d) Edition. In one handsome 12mo. volume of 437 pages, with 120 engravings and 7 plates in colors and monochrome. Cloth, \$2.25 net. Lea Brothers & Co., Publishers, Philadelphia and New York.

The fact that this work has entered the third edition in so short a time is good evidence of the favor given the former editions. Although the book is small in size, everything appears to be included that is of value to the student and practitioner.

As a ready reference it is also valuable to the specialist, particularly the descriptions of the various operations, where the conciseness of

The HAY FEVER Problem

An old problem which is perennially new is the *Hay Fever problem*. It presents itself every year. Sooner or later every physician has it to solve. The trouble is, *it doesn't STAY solved*. What was thought yesterday to be a useful remedy may prove to-day to be a doubtful expedient—a mere temporary relief. It is apt to be an experiment—and every fresh experiment is apt to be a fresh disappointment.

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is *not* an experiment; it has *not* been a disappointment. Eminent specialists report that this wonderful agent has afforded prompt relief in cases which could not be reached by any other remedy. By its use the nasal discharge is controlled, congestion of the mucous membranes is allayed, the swelling of the turbinal tissues is reduced, the desire to sneeze is abated, and a condition of distress and unrest gives way to one of comfort.

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Solution Adrenalin Chloride is supplied in the strength of one part Adrenalin Chloride to 1000 parts normal saline solution, with 0.5 per cent. Chloretone as a preservative. For use in Hay Fever it should be diluted by the addition of four times its volume of normal salt solution. It may be sprayed into the nose with a small hand atomizer or applied on a pledge of cotton. One or two applications daily usually afford complete relief.

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the articles saves much time in looking through theoretical explanations.

The author has added a number of pages to the former editions, bringing the text up to date in matters medical as well as surgical. Altogether it is a splendid work on the subject and one that can be profitably perused by any one at all interested in this line of work.

The press work is good, and in fact the entire character of the volume is satisfactory.

K. O. F.

BACTERIOLOGY. A. C. Abbott, M. D. 12mo., volume of 636 pages, with 111 illustrations, of which 26 are colored. Cloth, \$2.75 net. Lea Brothers & Co., Philadelphia.

I have examined with pleasure this revised volume of Abbot's Bacteriology. It has been improved, enlarged, and the results of the latest experiments in the science added. It is written in a plain, simple manner, more so than the ordinary text books on this subject. Any student or physician by carefully studying this volume will be able to undertake the practical laboratory work in this science. The book contains the usual subjects found in such works, as history of bacteriology, apparatus, forms of bacteria, culture media, cultures, stains, sterilization, description of important species and the practical part of the science. For a student or physician I know of no better text book than this.

G. W. B.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS, Comprising 10 volumes on the Year's Progress in Medicine and Surgery. Vol. V, Obstetrics. Edited by Reuben Peterson, M. D., and Henry T. Lewis, M. D. Price \$1.25. The Year-Book Publishers, Chicago.

This volume contains that portion of the Year-Book devoted to obstetrics. It demonstrates that obstetrics is keeping pace with the other departments of medicine, from year to year, in advancement. The subject matter is divided into four parts, viz., Pregnancy, Labor, the Puerperum, and Obstetric Surgery, and each contains all that has been reported of importance during the year.

R. C. W.

A PRACTICAL TREATISE ON SMALL POX. Illustrated by colored photographs from life. By George Henry Fox, A. M., M. D. With the collaborations of S. D. Hubbard, M. D., S. Pallitzer, M. D., and J. H. Huddleston, M. D. J. B. Lippincott Co., Publishers, Philadelphia, Pa. Price \$3.00.

Small pox, one of the oldest, most loathsome and most dreaded of the infectious diseases, has assumed new interest within the last few years owing to epidemics which have appeared in the various parts of the United States and Canada. The profession had almost come to believe that small pox was of historic interest only. That Jenner's prophecy "that small pox would disappear from among men," was about realized. A new generation of physicians are practicing medicine, very many of which have never seen a case of small pox.

To this large army of practitioners, this work will be peculiarly useful and almost indispensable, for it not only describes the disease in all its phases in such a clear and practical way that the reader feels his ability to diagnose his case, but in addition presents to the reader's eye, by means of plates reproduced from photographs taken from life of the disease, not only in each successive stage, but each day from the appearance of the eruption to desication. The illustrations are so natural, that the disease is presented true to life. Truly a work of great value.

R. L. T.

COLLEGE AND SOCIETY NOTICES.

The thirty-eighth annual session of the Ohio Eclectic Medical Association has passed into history. In many respects it was one of the most notable ever held. The quantity and quality of the work accomplished was above the average, as was the goodfellowship displayed. A pleasing feature was the large attendance of the young men, men of one, two and three years experience; some of only three months. It is indeed gratifying to have the young men take hold of the state society and make it a success.

The program was finished each day on schedule time, with plenty of time devoted to discussions, notwithstanding Tuesday and Wednesday evening as well as a portion of Wednesday afternoon were given to pleasure. Tuesday evening Prof. Russell took us on a trip with him to Europe; visiting Italy, Austria, Switzerland, Germany and England. The trip was both instructive and entertaining, being illustrated by means of the stereopticon. Wednesday afternoon at four o'clock the association adjourned, and a steamboat excursion was organized for those caring to go, whilst others went to the bathing beach. In the evening a musicale was given by the Otterbein Quartette.

Though the attendance was better than usual, many familiar faces were missed, for some valid excuse will be hard to frame. Two regular attendants and workers, Drs. Williams and Butcher, have passed to "The great beyond."

An unusually large number of ladies were in attendance. The social features of our meetings are growing in interest, and it is indeed pleasant to meet each other annually, to renew old acquaintances and to form new ones. With many this is the only time we meet each other, and we look forward to this annual gathering with increased pleasure.

The hotel accomodations were first class, we did not hear a single murmur. There is not a doubt but what we have at last found an ideal meeting place, and it was practically by unanimous vote decided that we must meet at Put-in-Bay a year hence. Now, Doctor, begin to make your arrangements to meet with us in 1903. Bring

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The following are the officers for the coming year:—President, W. S. Turner, Waynesfield; 1 Vice President, W. E. Postle, W. Jefferson; 2 Vice President, E. A. Ballmer, Pandora; Corres. Secretary, C. G. Smith, Cincinnati; Rec. Secretary, W. N. Mundy Forest; Treasurer, R. C. Wintermute, Cincinnati. W. N. MUNDY, Secretary.

The sixth annual meeting of the Southern California Eclectic Medical Association was held in Los Angeles, June 12, 1902. The attendance was better than ever before, and the membership increased by four honorary and eight regular members.

The following topics were presented: The Model Doctor, by O. H. Laws. Cases from Practice, A. O. Conrad. Anemopsis Californica, J. A. Munk. Nasal Hygiene, J. C. Solomon. Shall we have a Hospital? O. C. Welbourn. The American Materia Medica, Prof. John Uri Lloyd. Cranial Injuries and treatment, B. R. Hubbard. Preventive Medicine, Q. A. R. Holton. Some New Uses of Thujia, J. C. Andrews.

In the evening the Association gave a banquet in honor of Professor Lloyd and his wife. Among the guests were Wm. H. Knight, Past-President of the Southern California Academy of Science; B. R. Baumgardt, Secretary of the same Institute; Dr. W. C. Bailey, of California Medical College, of San Francisco, and his wife; and E.S. Tanner, of Tanner Drug Co. President L. A. Perce was master of ceremonies, and the affair proved very enjoyable to all present.

The following officers were elected for the ensuing year: O. C. Welbourn, President; C. C. Bond, Vice President; A. O. Conrad, Recording Secretary; O. C. Darling, Cor. Secretary; J. A. Munk, Treasurer.

ANNOUNCEMENT.

The Sixteenth Yearly Post Graduate Course in Official Surgery by E. H. Pratt, M. D., will be held in the amphitheatre of the Chicago Homoeopathic Medical College, Corner Wood & York Streets, Chicago, Illinois, during the week beginning with September 8, 1902, having a four hours' daily session.

Doctors invited to bring obstinate cases of every variety of chronic diseases. For particulars address

E. H. PRATT, M. D., 100 State St., Suite 1203, Chicago.

Dr. Alexander Wilder of Newark, New Jersey, writes us that he attended the meetings of the New England and Connecticut Eclectic Medical Societies, and that both organizations had live meetings, and that neither meeting was a junketing party. Both Societies received several new members.

PERSONALS.

WANTED—An energetic young man, Eclectic Doctor, to take charge of an established Eclectic practice in a Central Illinois town. Married man preferred. Address D., care of E. M. Journal.

Dr. Geo. H. Schenk, E. M. I. '02, is doing nicely at Berne, Ind. P. Allen Kemper, one of the junior students at the E. M. I., has successfully passed his examination before the State Medical Board of West Virginia, and is now located at Griffithsville, where he is doing nicely.

Dr. Brose S. Horne, formerly physician to the Indiana State Prison and who resigned some weeks ago after having preferred charges against the managers, has decided to locate at 210 S. Bronson St. Marion, Ind.

Dr. John S. Rankin, E. M. I. '02, is located at 889 South St., Toledo, Ohio, where he is doing well.

DIED, at Leopold, W. Virginia, Dr. Geo. McKinley, E. M. I. '94. Dr. McKinley leaves a wife and little daughter. There is a good opening for an Eclectic physician. For further particulars address with stamp, Mrs. Flora A. McKinley, Leopold, West Virginia.

DIED, at Coldwater, Miss., Dr. Jas. T. L. Cate of pulmonary tuberculosis, age 37 years. Dr. Cate was a graduate of E. M. I. in 1887. He leaves a wife and children to mourn his loss.

Married, at Jamestown, N. Y. July 9, 1902, Dr. A. E. Wrightman, E. M. I. '02, to Miss Helen Marie Johnson.

Dr. T. Willis Miles, of Denver, Colorado, E. M. I. '75, has been elected President of the State Board of Medical Examiners.

Dr. H. H. Blankmeyer, E. M. I. '88, is now located at Honey Grove, Texas. In partnership with Dr. M. E. Daniel, E. M. I. '88.

George R. Cooper, one of the junior students of the E. M. I., has successfully passed the State Medical Board of Texas, and is now practicing at Leakey, Texas.

LOCATION.—Good country location in South Illinois. For particulars address with stamp Dr. C. E. Martin, Claremont, Illinois.

Good locations at Ionia, Ann Arbor, Charlotte and Grand Rapids, Michigan, for energetic young Eclectics. For further particulars address with stamp Dr. William Bell, Belding, Mich.

Several good locations in Mich. For particulars address with stamp Dr. Chas. N. Snyder, Lake Odessa, Mich.

Location. Good country location at Fillmore, Cal. For particulars address with stamp Dr. W. S. Gibson, Sespe, Cal.

LOCATION. Any one wanting a good country location, should correspond, enclosing stamp, with Drs. Williams & Clifford, Dale, Spencer Co., Ind.

Locations. Good opening for an energetic young Eclectic. Address with stamp, Dr. A. A. Leonard, Silverton, Oregon.

Location. Good country location at Clintonville, Bourbon Co., Ky. For particulars address with stamp, Dr. Benj. Hickman, Paris, Ky.



VOL. LXII.

CINCINNATI, SEPTEMBER, 1902.

No. 9.

ORIGINAL COMMUNICATIONS.

THE URIC ACID DIATHESIS.

By Alexander Wilder, M. D., Newark, N. J.

[Continued from page 419.]

IT has been supposed that urea was the product of combustion of the tissues under normal conditions, but that uric acid and its compounds resulted from irregularities. The food containing nitrogen is necessary for the sustaining of the muscular tissues, and their transformation is the source of urea. But albuminous and nitrogenous foods taken in undue quantity can not be assimilated, and their imperfect transformation results in the production of uric acid and its compounds. When the blood is not well oxygenized by breathing, there will be uric acid produced instead of urea.

In ordinary health the elimination of these effete products will take place with sufficient regularity and completeness to prevent any undue accumulation in the blood. But if the voiding is not carefully and thoroughly performed, if the kidneys do not promptly separate them from the blood, or if from any cause an inordinate quantity of urates chance to be introduced into the circulation, the condition will be induced which is known as the "*Uric Acid Diathesis*." It is a predominance of nitrogenous elements in the blood.

It is probable, therefore, that Dr. Both was right in imputing the case of spontaneous small-pox to the use of meat that had been prepared with saltpetre. The ingestion of food thus unduly charged with a nitrogen compound will tend directly to overload the body with nitrogenous material beyond its power to excrete it; and this would then be likely to manifest itself in the form of disease to which the individual was at the time most liable.

This is especially true of armies. The men are largely fed with animal food, and many of them indulge freely in alcoholic drink. This operates directly to exhaust the oxygen of the blood. They are thus rendered susceptible to the diseases incident to the uric acid diathesis; and it is notorious that armies are, almost without exception, scourged with small-pox. It has been asserted that this is not the case with the German army, but the statement is not true. The American soldiers in the Philippine islands are severely afflicted. If the troops in South Africa have been exempted, it may be due to climate and difference in food.

It is hardly proper, however, to regard small-pox as the chief, or even as the characteristic disorder incident to the uric acid diathesis. It is more than probable that the diseases classified as zymotic are more or less identical—perhaps only degrees of the same thing. The late Dr. Lefavor H. Borden, of Paterson, N. J., observed a close relation between small-pox and Asiatic cholera; that an epidemic of one followed close upon the other. Eruptions closely resembling those of small-pox have been found on the intestinal membranes of individuals dying with choleraic disease. Florence Nightingale, when acting as nurse in the Crimean war of 1854-5, made observations of like character. "I have seen small-pox," growing up from first specimen, when it could not by any possibility have been caught. Nay more; I have seen diseases begin, grow up, and pass into one another."

Miss Nightingale's observations agree with the hypothesis of the uric acid diathesis. Dr. Hamerick, the principal of a small-pox ward in an English hospital, states that formerly inoculation had taken place from persons suffering from chicken-pox, and the result was small-pox in its worst form. Another physician of eminence once told Mr. H. S. Constable that all the zymotic diseases, from nettle-rash to oriental plague, are probably only varieties of one thing, dovetailing into each other with infinite complexities like colors."

We need not stop with zymotic diseases. They have a numerous kindred, however, even among disorders that are not usually enumerated in their category. Gravel is conspicuous in the list; the kidneys and bladder have been unable to clear out the debris which it is their function to remove. There is often a great neglect of micturition, and finally the organs get out of the habit of demanding it. The contents are returned back into the blood, leaving a sediment behind. A clot of blood or mucus suffices as a nucleus for the uric salts to crystallize around, and thus is formed a gravel, calculus, or stone, to be endured or got rid of as may be considered desirable. In other cases concretions are formed around joints and sometimes ankylose them; and sometimes they produce inflammations, making the movements excruciatingly painful. Hip-joint disease is another form of the complaint. Rheumatism in various forms, however, is a more common manifestation. It reveals its acid character by the odor of the perspiration, and by various other symptoms, not necessary to enumerate.

In the colder period of the year the process of elimination by the skin is more or less retarded, and the work is thrown upon the other emunctories, to be too often but imperfectly performed. The food, likewise, is generally more fatty and nitrogenous. The diathesis then becomes more pronounced, and disorders of an inflammatory character are common. Pneumonia generally leads the procession. No matter what immediate cause may be assigned to attacks, it is a disease from blood poisoning, and the poison is uric acid. The same thing is true of influenza, or grippe. It seems like idle play to be looking for bacilli, microbes, and other microscopic and imaginary vermin, when a condition like the uric acid diathesis has the field.

It has become unfortunately frequent to operate on patients for appendicitis. Yet although many succumb and die from the operation, we have few accounts of individuals dying of the disease itself. In fact, many cases that are diagnosed as appendicitis are found to be simply a gouty or rheumatic affection. Dr. Eugene C. Underwood, of Louisville, has recounted several cases that came under his observation. "But," he adds, "every case of this kind has been speedily relieved by appropriate uric acid treatment."

Other physicians have made analogous reports of Bright's disease. Saundly says of this complaint: "It occurs mostly in the habitual beer drinkers, and those who use alcoholics to excess, but may occur in those who have a gouty diathesis. It is rare under forty, becomes common after that period is passed, and after fifty is so common that nearly one-third of all persons dying above that age show more or less signs of its action on the kidneys."

A few common complaints may be mentioned with advantage. Hay fever is now frequent, and certain individuals suffer severely. It is imputed by some to idiosyncrasy, by others to peculiar predisposing causes, and by others to some disorder or hypertrophy of the nasal passages. These notions are more or less true, but specialists in diseases of the skin, eyes, nose and throat, are adopting the opinion that the dyscrasia incident to the uric acid diathesis lies behind all.

The same thing holds true in the coryza which seems well nigh universal. Dr. Mulhall, while admitting abnormality sometimes in the nose, considers that it is not generally itself the disease, but rather a consequence of some more serious constitutional disorder. Catarrh, in the majority of cases, he affirms, is the result either of the uric acid diathesis, or is brought on by self intoxication of gastro-intestinal origin, both of which conditions may be traced to careless or incorrect modes of living. It may be added in this connection that it is sometimes apparently suspended when the individual abstains from the use of coffee.

Eczemas and other eruptions of the skin have been such a torment to the sufferers that fortunes have been made by the selling of remedies to allay the intolerable torture. Old men are often subject to an itching which many have imagined was incident to their years. How-

ever, if we examine the matter more critically, we shall perceive that most of these complaints are not the real disorder, but only the result of an effort of the natural functions to rectify the evil. Old men are often habitually victims of the uric acid diathesis; they are careless or subject to some inability in the evacuating of the bladder and bowels, and cold more or less constricts the pores of the skin. Their food is often not perfectly digested, and they are liable to the bad results.

One more term has intruded itself into the catalogue of complaints in a sense that does not belong to it—*malaria*. I am not much of a believer in the existence of an atmosphere to which it can be properly applied. Chemical analysis reveals no constituents that justify us in affirming it. As to applying the term to name a disease, it is childish. It is simply an Italian word signifying bad air, and is the designation of the noxious element which is supposed to exist in the marshy region around Rome. Others have adopted it to denote similar pernicious qualities of atmosphere in other regions. Yet the air every where consists alike of so much oxygen and nitrogen. If there is any thing wrong about it, we may impute it to some condition of atmosphere rather than to any element in it. In many regions the days during the hot season are alternated with cool and chilly nights. The body is exhausted and languid from the heat, and the cold air at night closes the pores of the skin and checks the perspiration. In this way the morbid substances which are constantly generated in the body are sent back into the blood, and exert their pernicious influence for hours. The continuing of this from day to day for a considerable time is enough to produce fever and traumatic conditions. This is probably about all that is genuine in relation to malaria.

One evening, many years ago, I was made conscious of this when a friend advised me to put on a warmer coat. The sensation which this produced told me an important story. An English writer tells a similar fact. He always escaped the Roman fever by putting on an additional garment of afternoons. A doctor once told me that he had been journeying with a party in the desert of Sahara. Several of the company were prostrated by sickness. The guide, a native, took the doctor into his confidence, and advised him to bind a woolen sash around the middle of his body. The warmth which was thus maintained preserved him from any malarious attack.

Examples may be multiplied indefinitely of the numerous ailments designated by various names. They all bring us, however, to the same beginning; the diathesis which is produced by the interruption of the nutritive function or by its imperfect performance, and by bad dietetic and hygienic habits, lies back of them all. It is, however, itself the effect of a profounder cause, but for the present it is sufficient that we merely indicate the excess of uric acid and its compounds beyond the ability to remove them, as being the one great source of evils to which flesh is heir. It is doubtless true that if the

attention and efforts of practitioners were wisely directed to the remedying of this condition, their success as healers would be better assured. Nay more; we might expect with a confidence well grounded that the epidemic visitations which are now the occasion of alarm, such as the plague, Asiatic cholera, typhus and typhoid fever, scarlet fever, diphtheria, small-pox, and all the category having their inception in the uric acid diathesis, would be rendered of little account or disappear altogether.

THE MORPHINE AND WHISKY HABIT.—A New Treatment.

By T. W. Miles, M. D., Denver, Colorado.

THE mind of the layman in medicine, as well as that of the thoughtless physician—and alas there are such—is prone to accept any statement as true, which promises any quick relief from any serious or very distressing malady, even though it were self evident that such relief is impossible when the pathological and the perverted psychology of the patient is considered.

A little more than a year ago, I became acquainted with a man, not a physician, who was advertising a cure for the morphine and whisky habit in from three to six days. And what was more astonishing he seemed to be doing it.

After watching some of his cases pretty closely for some months I became satisfied that he was using a remedy that really had a wonderful and marked influence upon the peculiar craving of the nervous system for narcotics. I put myself in position to obtain the formula, and found that it contained but a single remedy, namely, hyocine hydrobromate. Under his use of the drug, he destroyed any desire on the part of the victim for the accustomed narcotic in from three to six days. At least for the time being. But was the patient cured? Hardly! Let us consider for a moment the condition of a person suffering from chronic alcoholism.

IN THE CLASS OF PERIODIC DRUNKARDS.

During the periods of drinking most persons give themselves up to unrestrained debauchery and vice; and when either their money is exhausted or their stomachs refuse longer to tolerate alcoholic drinks, they stop as suddenly as they started, and in two or three days return to their customary work with as much correctness and diligence as the ordinary citizen.

In nearly all of these cases of periodical drinking the intervals of sobriety become shorter, the periods of debauch occur more frequently and are more liable to end in delirium tremens, or permanent gastric, hepatic or renal disease; or escaping these, in the final development of alcoholic dementia.

The most singular features presented in the early history of these periodical drinkers are the recklessness of their periods of drinking while they last, and for the most part the practice of abstinence during

the intervals. During the former their mental emotions and illusions are such as prompt strongly to acts of licentiousness, and the indulgence of unprovoked jealousies; while in the interval, the larger proportion of them at least are chaste, upright, affectionate and deeply humiliated by their previous conduct. And yet, despite their earnest resolutions and pledges, when the time comes round, the most trifling thing, often without the slightest apparent reason, will cause them to plunge into another debauch. Members of this class are to be found in all ranks of life and it has long been a mystery not only to their friends, but to the physician and moralist as well, why men of this class—intelligent, refined and eminently respectable, as many of them are, at least in their early years—can continue to repeat such apparently causeless periods of revelry and disgrace, the consequences of which they are fully aware during the interval.

The strictly periodical return of active phenomena, the tendency to gradually shorten the intervals as the years pass, and the observance in many cases of the fact that each returning debauch was immediately preceded by certain mental conditions, have led to the suggestion that these patients were laboring under some obscure disease in the cerebral nervous centers, analogous to that of epilepsy and other recurring neuroses.

It is alleged by many writers that a large majority of this class derive their tendency to periodic drink from hereditary influences. While heredity is a potent factor in some cases, to my mind it is wholly inadequate to explain the origin of such tendencies in some others.

Clinical observation has shown that a large number of this class of drinkers have resisted every means devised for their permanent cure. But a smaller ratio have recovered, and doubtless the same result could be obtained in a much larger number if they could be placed under the most favorable influences during the early part of their career.

It is plain to any careful observer that the cure of a periodical drinker, in a period of 36 hours is necessarily an impossibility. The long continued use of alcoholic drinks is capable of inducing all grades of mental impairment, from simple weakness to complete dementia. Those who drink to such excess as to become either habitual or periodical drunkards and are not cut off by delirium tremens, mania a potu, or visceral diseases before the near approach of old age, rather uniformly develop symptoms of progressive mental impairment, caused by pathological changes in the membranes and substances in the brain, resulting from long continued contact with alcohol.

These results, however, are not entirely limited to those who drink enough to be recognized as inebriates; but there are many of both sexes who make liberal daily use of alcoholics for many years, without ever becoming greatly intoxicated; yet later in life they develop all the phenomena of alcoholic dementia.

Nearly all patients affected with alcoholic dementia present even from an early period, anemic look, and are affected with more or less gastric or duodenal irritation, rendering digestion imperfect. The excretory functions of the skin, liver, and kidneys are also frequently disordered. In all chronic alcoholics are found thickening and opacity of the piamater and arachnoid, with thrombi or varicosities in the vessels of the duramater, and sometimes hemorrhagic spots and more or less serum on the surfaces and in the lateral ventricles.

The convolutions, especially over portions of the cerebral hemispheres, appear most frequently pale, shrunken and harder than natural, though in some cases there are limited regions of increased redness or less density. These appearances are caused mostly by more or less atrophy of the nerve cells of the gray matter and either sclerotic or fatty changes in the connective tissue. Fatty or atheromatous changes in the coats of the cerebral vessels are also present in most instances. Numerous small cystic degenerations have also been described by some observers.

It is to these various and extensive degenerative changes in the cerebral structure, that the patient owes the loss of his mental faculties. It necessarily follows that recuperative action for a long time must take place in order to produce any permanent improvement.

The havoc wrought in the tissues of the system by the habitual use of opium or some other drug is somewhat analogous to that caused by alcohol.

The morbid anatomy of the organs of the opium habitue is at present but little understood, at least, insufficient data have been collected to prove of any great value. There is but little doubt, however, that the ultimate results of the habit, which we find principally in the gastro-intestinal tract and the kidneys, are effected through some pathological action of the drug on the cerebro-spinal, sympathetic, and central nervous system. As yet we are ignorant of what changes take place in the nerve tracts as a result of the habit. Probably they are in a large degree similar to the changes produced upon the same system by alcohol or other stimulants, and degenerative in character. Experience would seem to teach that the great nerve centers tolerate stimulation only up to a certain point; beyond that they weaken, lose their normal and healthy action upon other tracts and organs with which they are physiologically connected, and ultimately, if the artificial stimulus is not removed, undergo retrograde changes.

The gastro-intestinal tract is generally among the first to suffer from indulgence in that habit; but the changes affected here are only secondary in character, and due to primary changes in the nerve centers supplying the glands and blood-vessels of the region. Thus there is always found in the stomachs of opium habitues, a chronic gastric catarrh, with the characteristic lesions of the disorder. This gastritis is, however, secondary. Opium, through its action on the nerves supplying the glands of the stomach, checks their secretions;

this delayed and diminished action by the gastric juice causes imperfect and delayed digestion. The ingesta passes through the stomach in a half-digested state, and produce the usual consequences of congestion and subsequent hypertrophy of all structures. The same results occur in the intestines.

The most constant pathological action of opium is the paralyzing of function in the various secretory glands. As has been said, this is due to some previous morbid changes produced in the nerve-tracts supplying the glands. We may witness this same effect in the sebaceous, mammary, and the salivary glands, in the ovaries and in the testicles. The normal secretion of each is checked, and therefore in habitues we find diminished secretions, with consequent impairment of function in these several glands. When opium is taken in minute doses, and for the first time, there is exhibited a stimulant action, and very likely at this period may be a slight congestion of the several glandular organs. Experiments on animals show that under the influence of morphine the kidneys are much congested, and probably on this account there is more or less secretion of albumin in the urine. But the ultimate effect of opium is to paralyze normal glandular action, and hence to diminish the various secretions.

The treatment of opium and the whisky habit is not very dissimilar. The patient should first have a thorough cleaning out of the alimentary canal by the use of a saline cathartic; sufficient sulphate of magnesia or phosphate of soda should be given to thoroughly empty the bowels the night before beginning the treatment. The patient should have a hot bath and be placed in a well ventilated room with convenient water closet and quiet surroundings. There should be a well trained nurse in attendance and every facility for the comfort of the patient and nurse for a period of about three days at the least.

If we are treating the patient for the opium habit, for instance, the injection of a solution of hydrobromate of hyocine should be begun as soon as he insists upon having some morphine or opium. No morphine should be allowed after the thorough operation of the cathartic.

The solution of the antidote should be prepared as follows:-hyocine hydrobromate, grs. i; alcohol, drachms i; distilled water, q. s. ad. ounces iv. Mix. Dose, ten to thirty drops.

Usual antiseptic precautions should be taken in using the hypodermic syringe. The initiatory dose should be fifteen minims. After waiting 30 minutes to two hours, a dose of ten minims can be given. This dose should be repeated every 30 minutes or diminishing to 5 minims as the condition of the patient indicates.

Many patients after the second dose fall asleep and do not need the dose repeated until they awake. Others become very restless, throwing themselves from one side of the bed to the other and are apparently in great distress. On examining the pulse and respiration, you will find them normal and regular. The remedy produces more or

less delirium with hallucinations, a slight flushing of the face, some dilatation of the pupils and more or less dryness of the throat. The patient should be allowed all the water that he craves.

The remedy should be pushed until the patient is quiet from its effects, and the dose should be repeated sufficiently often to keep the patient profoundly under the influence of the drug for 24 hours.

The diet in the meantime should be light but nutritious and taken at the ordinary intervals. In some cases the bowels move three or four times in the twenty-four hours, and should always move once in the twenty-four. Occasionally a patient vomits dark-greenish-brown material. This is not a bad symptom. During the first 12 hours if the patient shows signs of collapse from the withdrawal of the morphine a dose of 1-10 the size of the habitual dose may be given. No morphine should be administered after 12 hours of the treatment. At the end of 24 hours the patient may be allowed to come out from under the influence of the antidote and if there is the least desire for morphine he should be again placed under the influence of the remedy, and kept there another 24 hours.

Usually at the end of thirty six hours he has no desire for the morphine or the whisky. During the treatment the patient should have a bath every 24 hours. After this initiative course of treatment the patient should be placed upon a nerve tonic containing nitrate of strychnine, tincture of avena sativa, and passiflora. This should be taken three times a day or oftener if necessary to keep the patient fairly comfortable. The increase in appetite and feeling of physical well-being of the patient for the few weeks following the treatment is astonishing to one who has never observed it.

The initiative treatment entirely removes the craving for the habitual drug for the time being, and puts the patient in a condition for the proper hygienic, social, and therapeutic measures necessary to gradually restore the system to a healthy condition. If the patient really has a desire to quit the habit and his condition be properly looked after for a number of months, in a large majority of cases the cure can be made permanent. In the periodical drinkers the best time to begin the treatment is at the beginning of a debauch and the remedy should again be resorted to on the first appearance of a desire for drink on the part of the victim. I have found it the best remedy for the sobering of a drunken man that I have ever used. It is sometimes marvelous in its effects. I am satisfied that this remedy is the best one ever discovered for the treatment of these conditions, and so far as I have witnessed, no pre-eminent deleterious effects have come from its use. However, we must not expect a few days use of any remedy to overcome the effects of structural changes brought about by years of abuse with alcohol or opium.

TOLERATION.

By H. L. Henderson, M. D., Astoria, Oregon.

IT is really painful to contemplate the extreme degree of intolerance that exists in the medical profession. We see it on all occasions, both personal and professional. It sometimes assumes the form of personal jealousy, or perhaps contempt or sneers for the ability of a neighboring physician. Our leading medical journals are strongly tinctured with the same venom that formerly burned men at the stake. Our "regular" brethren are intolerant of the accomplishments of the hated "irregular," while the medical journals of either school of medicine are constantly grinding out a tirade against opposing schools, new systems of practice, etc.

This is not as it should be. Medical men, of all the educated classes, should be the most tolerant and liberal. Human life is in their hands, and to save that they should be always ready to lay aside any personal whim, and to ameliorate suffering they should be ever ready to sacrifice any grosser passion. In my humble opinion, this intolerance is one of the principal reasons that the medical profession does not occupy the high position in the minds of the masses that it should possess. Toleration is one of the strongest evidences of deep knowledge, and the people at large are fully aware of that fact. Some wise philosopher has stated that there is no lie so base, but that it contains an element of truth, sufficient often to induce careful investigation, to say the least. There is not a medical journal that comes to my table, nor a single medical acquaintance of mine, that has a word but that of ridicule and condemnation for all such things as osteopathy, spiritualism, hypnotism, Ralstonism, Christian science, and all that numerous tribe of evanescent fads, too numerous to mention. How many persons who so glibly condemn and sneer at these medical curios, ever spent one single hour or one single dollar investigating those same condemned fads, if we may call them such, before they vehemently condemned them? When a man condemns a thing of which he is totally ignorant, he proclaims to the world that he is ignorant at least on that one subject, and that he is bigoted and intolerant—two of the most despicable traits of character which the human intellect is capable of assuming or acquiring.

A few illustrations of this subject may serve to bring the matter closer home to some of us. Osteopathy is one of the ridiculed and condemned and hated things, being sufficient to sever life long friendships, or even break family ties. Now of all the writers who bitterly condemn osteopathy, how many of them have ever spent a sufficient time investigating the subject to render them capable of passing an opinion upon its merits? Have they honestly and with an unprejudiced mind, conversed with the advocates of the system, and learned the principles upon which it is built?

I am not championing any one of the fads mentioned, nor any other for that matter, but I am willing to admit that I think that every grain of wheat is naturally covered and hidden by more or less chaff; and it is our duty that we owe to ourselves and to the world at large, to winnow the chaff from the wheat of osteopathy, and give to the world the pure grain. It would be puerile in the extreme to say as some have at least implied, that there is absolutely nothing in any or all these medical fads; they have patients or clients, and in spite of all statements to the contrary, they cure their patients, which is as much as could be said for the most orthodox physician.

We hear a great amount of talk about the enactment of laws for the ultimate object of preventing the osteopath from practicing. That is a very poor way to suppress osteopathy, to say the least. Oppression is the weapon of the bigoted and ignorant. How long would osteopathy prosper if intelligent and conscientious physicians would carefully investigate the whole subject, cull the wheat from the chaff, and give to the profession all the good there is in it? Osteopathy, as such, would then have no reason for further existence, and would necessarily become a mere memory. In the early days of Eclecticism, if the dominant school had carefully studied its principles and appreciated them, the Eclectic school of medicine would not, in all probability, have had an existence today. But such was not the then prevailing sentiment of the leaders of the old school. They preferred a battle of ridicule, contempt, and oppression, under which Eclecticism grew and prospered, and today the system is too big for them to assimilate.

"Suggestive Therapeutics" is another modern method that is roundly condemned by many as a "fake," while many of the very persons who most loudly ridicule it show in every line of their condemnatory assertions, that they are talking about something of which they are absolutely ignorant, and at the same time they are advertising their ignorance to the world at large. They have never even deeply studied its principles or tested its efficacy. They presume to condemn a thing simply because they in their colossal wisdom are not informed on the subject, therefore it must of necessity be a "fake." What narrow bigotry! And to think that such is found in the medical profession! No wonder that men leave the medical profession in disgust.

"Spiritualism," "Christian Science," and numerous other so called systems of treating disease, parasites on the body medical, each contain more or less of the elements of medical truth, otherwise they would never live or thrive. Medical men should be broad enough to carefully investigate each, adopt the truth and point out the fallacy of each, thus increasing their own fund of general information, and strengthening the power of medicine for good in the world. Eclectic physicians above all others, should be the leaders in this liberal study because they are the personification of medical toleration. When these medical fads are fully investigated by educated men, they will

no longer thrive ; and until they are so investigated and culled, they will continue to be supported and propagated by ignorant charlatans, many of whom are bent on fleecing their gullible victims. Above all others, Eclectic physicians should be the last to condemn any method or system which they have not thoroughly and impartially investigated.

HYPNOTIC SUGGESTIONS.

By W. M. Alter, M. D., England, Ark.

HYPNOTISM, as a therapeutic measure, has the powerful support of medical authority, for many of our text-book writers have called attention to the fact that it was capable of being used beneficially in certain nervous affections ; and medical men in the last ten years are quite unanimous in ascribing to it useful therapeutic effects, as hypnotic suggestions ; but it is so associated in the mind of the masses with the superstitious idea of supernatural phenomena, that few practitioners care to risk becoming unpopular by giving it a place in their practice. Now I claim that our opinions of the supernatural or natural are formed by our training and education, and have often been proved erroneous, and had to give way to scientific, progressive thought and investigation.

In studying the history of our noble profession from early antiquity, we find they had some idea of the power of suggestion ; but not being able to account for it on entirely scientific grounds, they attributed the wonderful occult power to some god, but they used it all the same ; and the historic period is not very remote when the profession had some very odd ideas concerning occult powers.

Now hypnotism (which is a development from modern Mesmerism, whose great disciple had his birth in 1754) has been placed among the sciences. Since the discovery of the dual mind theory, this gives a scientific base to answer many questions which made the theory hard to defend, withdrawing supernal ideas in concluding on hypnotic phenomena. Now one reason which I may properly assign for asking space for this article, is to call the attention of our profession to the fact that it is our duty to take up this matter and make use of it as a therapeutic measure, without pandering to public sentiment in such important matters.

Some time ago, when I was investigating hypnotics, and let it be known that I expected to use suggestive therapeutics when I thought necessary, one of my friends came to me and remonstrated with me, saying that it would damage me. I answered that I felt that no physician was properly educated till he knew what was in hypnotic suggestion. I think that if the people's opinion is in the way it is our professional duty to instruct them properly along that line. I have advocated for years that we should encourage prophylactic measures, and teach the people how to prevent disease, but we generally find

that mercenary members of our profession are as much averse to that as to letting people know that they believe in hypnotism. I know of several physicians who practice hypnotism, but they say it would not do to let it be known. Now is that right or fair? That is unnecessary deception, because when you practice hypnotism you are following a scientific natural law which if your patient understands properly, he can help instead of retarding your efforts.

As to high medical authority, the following names will prove the claim: G. B. Wood, M. D., professor of theory and practice of medicine in the University of Pennsylvania. You will find on page 687, volume 2, fourth edition, his views. I merely tell the reader where he will find what is admitted by the author. I think perhaps when the reader looks the matter up, he will be surprised to find how well reported the subject is. I call attention to Prof. Flint Tyson, in his edition of 1898, pages 1074 and 1075, under head of Suggestion and Hypnosis. James M. Andere, M. D., mentions it in his Practice of medicine, edition of 1901, page 1117.

I have a standard work on practice of the Physio-medical School, by James M. McDonald M. D. He indorses hypnotism in the edition of 1800, page 76.

I have an Eclectic work, "How to get well and keep well," by Thos. A. Bland, M. D., which indorses it under the head of electricity and magnetism; he devotes several pages to the subject, beginning at page 128, edition of 1896. On page 980 of the American Text-Book of Therapeutics, published by W. B. Saunders, edition of 1898, suggestion is mentioned. I might go on ad infinitum, quoting from old and new. Watson, whose text-book once stood high, alludes to it, and in fact we find the same thing under different names all along the historic vista of medicine from the time of the ancient embalming and through the astrologic era; and all through the more modern times, when saintly bones could charm away disease; when medicine went hand in hand with the priests at the altar of the gods. They often practiced suggestion. Why not as a profession receive it back in its scientific shape as it is evolved by our progressive era?

I have often heard doctors tell, when I was studying medicine, how they had given bread pills, which gave great relief to their neurotic patients; that was their placebo (*i. e.* Latin, I please) treatment. I say suggestion pure and simple.

Some may fear that the science of medicine, including surgery, would suffer from the effect of hypnotism being encouraged. I think fears of the kind are groundless. Teach the people its usefulness along an intelligent line, and they will soon know that it is not a cure-all, but a help in all cases, even where material drugs are needed. They will soon learn that suggestion is only specific in diseases whose primary existence is in the nerve centers, and can only be applied therapeutically through the sympathetic nervous system, and through the negative mind or sub-common mind.

Now let the profession not stand back, but come out in favor of the right. It is not right for us to hide behind Latin names; nor is it right for us before the people to ignore the facts of hypnotism. My medical association here seems to endorse hypnotism, but deny it to the people. Come out like men before the papers show you up; it is not right for us to ignore and then practice under a blind. I have always contended that the application of it on the sly was likely to mislead the people, and likely to do harm. Let us treat each other and our patients right.

DILATATION, CURETTAGE, AND REPAIR OF THE LACERATED CERVIX.

By H. S. Tucker, M.D., Chicago, Illinois.

DILATATION is one of the most important and frequently very satisfactory treatments for the relief or cure of certain conditions such as dysmenorrhea, or to overcome sterility. It is also necessary to dilate the cervix for the purpose of removing the remains of an incomplete abortion or portions of the endometrium in catarrhal conditions, etc. Dysmemorrhæa is not always benefited by this method of treatment as it is frequently only a symptom of other pelvic diseases and not due to cervical stenosis. The cases that are most likely to be improved by dilatation are those where pain is spasmoidic and the most severe during the first day of menstruation. The method of slow dilatation by means of the sponge or seatangle tent has been abandoned on account of the danger of infection. In all cases where a dilatation is intended a careful bimanual examination of the uterus should be made and pregnancy excluded. The vagina should be given a thorough cleansing with antiseptic preparations, the same as for other operations. The operation can be commenced with steel sounds made of different sizes for that purpose and completed with a Goodell or similar dilator. The patient is placed in the lithotomy position, a Sims speculum or vaginal retractor is introduced, the upper lip of the cervix grasped with a tenaculum forcep and the uterus drawn down; no force should be used in introducing the dilator, as we may have a softened or thin walled uterus that is anteflexed, and the instrument might be forced through into the peritoneal cavity. After the instrument is once introduced, it should be opened and closed and turned in different directions so as to avoid tearing the cervix. Curettage is required in cases of abortion where the ovum is incompletely cast off, or in case of chronic catarrhal endometritis. While a sharp curette carefully handled is the most serviceable, the blunt or spoon curette is the safer where the uterus is softened and its walls thinned.

I had a case in Cook County Hospital in 1898 where curetting was indicated, in which without effort the curette passed directly through the fundus up into the peritoneal cavity. I withdrew it gently, cleaned

out the vagina, and packed it loosely with iodoform gauze, and no bad results followed. The treatment for a case of that kind would be to either pack the uterine cavity with gauze and allow it to heal, or open the abdomen and sew up the rent in the uterus with catgut. In nearly all cases that I have had to curette in the hospital a septic infection existed at the time the patient was admitted, and it is very doubtful if we can thoroughly disinfect a septic uterus. The patient gives a history of abortion and is running a temperature of two or three degrees. In these cases frequently no dilatation is needed. The patient is prepared in the usual manner, placed in the lithotomy position, retractor introduced, and the anterior lip of uterus grasped with tenaculum forceps. The spoon curette is to be used, going over the whole of the inner surface carefully. I follow this with a probe or forcep, wound with cotton which has been dipped in 95 per cent carbolic acid ; the acid must be partly dried off so as not to allow it to run down over the cervix ; when it is being introduced swab out the uterine cavity with it and immediately follow with another probe of cotton dipped in alcohol.

In some cases where there is considerable hemorrhage the uterus will have to be packed with gauze for twenty-four hours ; otherwise the vagina is loosely packed with gauze, removed in twenty-four hours and a boric douche given once a day afterwards. The patient should be kept in bed two weeks. Repairing a lacerated cervix is an operation that is very frequently required, as every woman who has given birth to a child shows evidence of some injury to the cervix. These lacerations may be very slight, bilateral or single ; they may not be painful, or there may be an exposed nerve, causing a great amount of reflex disturbance, pain on having sexual congress, and general pelvic soreness. In many cases the lips become thickened, and the cervical glands pour out a thick mucous secretion ; if the glands are infected, the cervix is rolled outward, and looks red and granular. These cases require treatment for a few weeks before an operation should be done. Tampons of cotton with boro-glyceride applied to the point, or the cervix packed with boracic acid every three days, will soon improve the condition so that an operation can be made. The operation is performed by different surgeons according to their own methods. About five days after menstruation has ceased is the best time to operate. Have the patient prepared in the usual manner, anesthetized, and placed in lithotomy position ; a good sized retractor is introduced, and the anterior lip of the uterus grasped with tenaculum forceps, and a guy rope of heavy silk passed through the anterior lip, and one through the posterior lip ; the uterus is drawn down, dilated in the usual manner and curetted. Now I take a straight pair of scissors, and cut through the scar tissue in the center of the tear. If both sides are torn, treat them both alike. Now, while the assistant holds the guy rope, take a slightly curved pair of scissors, grasp the edge with a rat-tooth forceps, and pare off with the scissors, being careful to remove

scar tissue; pare both sides before putting in sutures; be careful to leave a tongue of mucous membrane for the cervical canal. The stitches are now introduced, using a slightly curved needle with needle forceps. I use catgut for all the stitches excepting the last one on each side at the free end of the cervix; they should be silkworm gut. These last two sutures can be removed in from ten days to two weeks. The vagina is packed loosely with gauze for the first three days; after that give boric douche once a day.

OLD TIME MEDICATION.

By A. B. Woodward, M. D., Tunkhannock, Pa.

IN the early fifties, when we used our wits and brain to do good, I was called to see a middle aged farmer; found him with spells of great pain in bowels and vomiting, the vomit being mostly feces. Having been acquainted with the man from the time I was a lad, and knowing that my father cured him of an "inguinal hernia" some years previous, I suspected a strangulated hernia.

On examining him closely, I found no hernia, but considerable soreness and swelling in the right iliac fossa. On inquiry found that his bowels had been quite regular up to about three days previous to the attack of periodical pains in his bowels, in the region of cæcum. Vomiting commenced the afternoon before I was called; noticed the odor of feces about the time I was sent for, at 2 A. M. Physic had been given, but was vomited up when the pain came on.

The case looked as though there must be something done out of the ordinary. After trying injections in the ordinary way a few times and they being returned soon without feces, or the appearance of anything except what was vomited up, I sent a messenger to my office (2 miles) for a rubber tube to attach to my syringe pipe. I had a chance to think while the messenger was gone. When he arrived with the rubber tube, I had melted about a pint of lard and two quarts of very warm water to use it in. Then I placed the man on his knees and chest, attached the hose to pipe of a family syringe, oiled it well with the melted lard and with the index finger well greased with the lard, directed the tube through the sigmoid flexure and commenced pumping the lard and very warm water well mixed, until it began to force backward, then rested and manipulated the bowels all that was possible, on account of the soreness. When he complained of his knees getting tired I allowed him to rest on his side; by this time he was well greased outside and inside, and the injection passing, brought signs of feces.

After sufficient rest and manipulation of the abdomen, the knee-chest position was again assumed and the melted lard and hot water used successfully. Vomiting and defecation was the order of the early morning hour, and further use of the rubber tube and hog's lard deferred, and the patient allowed to rest, which he gradually pro-

ceeded to do. My opinion as given to the friends was, that the pain would continue at intervals until the bowels were moved from the cæcum entirely, and which proved to continue for several days.

AFTER TREATMENT.—What next was to be done after getting a hole through the sac valve? Well, I'll tell you what I did do.

In those days, I practiced and kept up a moisture of the skin with a hot tea of crawley root as required—"Smith's fever powders." To keep the bowels in a soluble condition, I had him drink all the slippery elm tea, made in cold water, that he could drink—kept him full; every other, or every second day, gave olive and castor oil mixed equal parts, requiring from two to four tablespoonfuls of the mixed oil to move the bowels. The external application was ground flaxseed, mustard, and salt, warm and quite thick, changed as often as the least dryness appeared.

I expected a rapid improvement after getting a hole through him, he being a very robust, healthy man. But was much disappointed, and wondered at his tardy convalescence; fever, pain, and soreness was the order for ten days, but gradually growing less, and it was about a month before I would allow him to partake of solid food, or even a roasted potato and salt. In those days we did not have such things as malted milk; the nearest to it was crust coffee, and cream, made as rich as the stomach would bear.

When I have witnessed the "going" for the appendix and finding an abcess about the cæcum and comparatively sound appendix vermiciformis, I then thought of "Uncle Sam's case." The appendix in his case, had, for some reason, failed to perform its function, to secrete sufficient lubricating fluid to favor a passage through the sac valve, which is its function to do, and so-called appendicitis was the result. No! I am wrong; now as then, and more frequently in consequence of the increased sedentary habits, we find inflammation of the cæcum from the same cause, requiring an operation.

Our duty is to find a stimulant for the appendix, or exercise more instead of sitting and overtaxing the appendix vermiciformis, in its work in secreting and lubricating the dead head change from the small to the large bowels, as we did formerly, and not cut the abdomen open and remove an important organ.

RED ONION.*

By W. N. Mundy, M. D., Forest, Ohio.

THOUGH common as an edible I am of the opinion that this agent is not in common use as a remedy, save in domestic practice, and then only as a remedy for coryza and bronchitis, and in the form of poultices externally and a decoction internally. My attention was first called to its uses in cystitis, by articles in the Gleaner and from conversation with Dr. W. E. Bloyer.

* Reprinted from Transactions National Eclectic Medical Association, June, 1901.

The onion belongs to the lily family and to the genus allium, which family includes also the garlic, leek, shallot and several wild species. Its botanical name is Allium Cepa.

In volume eight, page 337, of the Gleaner, Dr. Bloyer relates the history of a severe case of cystitis, which after years of unsuccessful treatment by other means, was relieved by red onion and cocklebur. In this article he gives the credit for the suggestion of their use to Dr. Homshur, of Camden, Ohio. In volume ten, page sixteen, of the same journal, we find a clipping from the Manitoba and Northwestern Canada Lancet in which onion is recommended as an all-round good medicine. In this article, it is recommended for coryza and as a soporific, and in a footnote Dr. Bloyer again calls attention to its value in chronic bladder troubles. In the same volume, page 129, Dr. Haynes adds his testimony to its value. Upon the strength of these articles and Dr. Bloyer's strong personal endorsement, I secured some of the preparation from Lloyd Brothers and patiently awaited an opportunity to test it.

The first case was a young lady suffering from a very severe attack of acute cystitis. She had been treated by another physician without relief. She said the calls were frequent, pain intense, especially after the flow of urine had ceased. Blood was invariably passed and the flow was small in amount. I prescribed without any other remedy, two four-ounce bottles of red onion, which sufficed for a cure. She claimed relief within twenty four hours.

My second case was a married lady, who had, as we might say, run the gauntlet. She said she had been treated by eight different physicians, and her trouble was of seven or eight years' standing. Everything had been prescribed and tried without avail. Her sphincters had been stretched and some rectal work done with the hope, probably, that the trouble was reflex, but without success. She passed urine frequently, which at times was mixed with pus, blood and mucus. The pains were sharp and cutting and extended along the inner part of the thighs. The calls to urinate were frequent both day and night, the bladder seeming incapable of holding any amount. Examination of the urine revealed no albumin or sugar. Neither was there any emaciation.

Having as I said suffered many things of many doctors, I determined to give the red onion a trial. I therefore prescribed it and as she seemed nervous, and complained of insomnia I gave in addition, specific pulsatilla and passiflora. She told me in April she believed she was entirely well. Relief was prompt and steady.

The third case was a little child, with an acute cystitis, such as we have all, no doubt, frequently seen in little ones. The calls were urgent and must be attended to at once. There seemed to be a spasmodic pain, as the child frequently sat down and strained without passing any water, or at most only a few drops. This little one had been treated by another physician for about a week, but without any

result. I prescribed red onion only, and the cure was prompt and satisfactory.

I have used this agent in many other cases, both in combination with the xanthium spinosum and with other remedies, and alone. The results have been almost uniformly successful, and I have arrived at the conclusion that it is one of the most certain remedies we possess in cystitis. I can not tell you what are the specific indications for its use nor what class of cases call for it. Neither can I tell you its physiological action, but I do know that it is good in cystitis.

I am aware that two or three swallows do not make a summer but their coming is a sure index that summer is approaching. So it is in therapeutics: much of our knowledge is empirical at first. It is the accumulation of our experiences that makes our empirical knowledge at last, scientific fact.

ECLECTRO-THERAPEUTICS.

By J. R. Spencer, M. D., Cincinnati, O.

[Continued from page 438.]

METHODS of application with some therapeutical suggestions. For convenience of description, the methods of making the application of electricity as a therapeutic agent, are named local faradization, general faradization, local galvanization and general galvanization.

The local methods are used when the operator desires to apply the currents to a limited area; in this case, both poles are confined to that area. General faradization is used when it is desired to bring the entire system under the influence of the faradic current. This is best accomplished by fastening one pole of the battery to one foot, then the other pole is applied to all the rest of the body. Instead of fastening one pole to a foot, it can be fastened to any other part of the body with the same results.

Some operators take one electrode in one of his own hands and then applies the other hand firmly over the different parts of the patient's body. The current is thus sent through the doctor's body with the result of strengthening the muscles of his arms greatly. By the use of general or central galvanization, the entire nervous system is brought under the influence of the galvanic current. This can be accomplished best by placing the negative pole over the epigastrum then the other pole should be applied first to the top of the head then over the forehead, by the inner border of the sterno-cleido-mastoid muscle from the mastoid fossa to the sternum, and along the entire length of the spine. The experimental use of electricity has proven it to be a remedy of such a wide range of therapeutical action, that all physicians now have a place for it in their work. Its stimulating action has long been known, and it was used formerly for that purpose entirely, but it is now known to also have sedative and tonic properties. This fact has

given it a very wide range of action and usefulness in treating disease.

On account of its tonic properties, it has been found to be very useful in treating hysteria, insanity, neurasthenia, nervous dyspepsia, neuralgia, chorea, convalescence from fevers, and in debilitated conditions. It is also very useful in relieving painful conditions generally, improves nutrition, and will restore and build up a debilitated nervous system when all other means have failed.

The tonic properties are best obtained by bringing the whole system under its influence ; this is done by the general methods of application, known as general faradization and general galvanization.

Care should be exercised in administering electricity. If too strong a current be used, after the first or stimulating effect has passed, nervous exhaustion, weakness and a general tired feeling will follow ; on this account, it will be a better plan for the operator to commence treatment by using a weak current, and gradually increase its strength as the patient can stand it without any exhaustion following. As the treatment goes on, if the patient improves, such symptoms will follow as improvement in sleep, improvement in the appetite and digestion, regulation of the bowels, hardening and strengthening of the muscles, power to endure physical labor will be increased and an improvement of the strength generally will follow.

In some cases, the patients will not do well and a train of unpleasant symptoms arise after the electrical treatments have been given ; among them may be noticed headache, backache, irritability of temper, insomnia, increase of painful conditions, nervous chills or great nervousness. When these bad symptoms arise, the current should be changed, made weaker or stopped entirely.

Instrument venders and quack doctors will often make extravagant and groundless claims for electricity, such as "Electricity is life," and "Electricity is transformed into nerve force." These statements are untrue. Electricity, like light and heat, will sustain life. It will improve nerve force by its beneficial influence upon the nutrition of the nerves.

Electricity is generally used in sub acute and chronic diseases, but in some acute troubles, it is equally beneficial ; this can be observed readily in treating acute rheumatism with the faradic current. The positive pole should be applied over the seat of diseases where a sedative is needed as it is sedative in its action ; the negative pole is of an irritating character and should be applied where an irritating influence is needed. It will be well, in most cases, to treat both the seat of the disease or place of local manifestation and its origin if they be different. For example, in cases of hemiplegia, both the brain and affected nerves should receive treatment ; by treating the brain, the absorption of the blood-clot (the most frequent cause) could be stimulated, and by treating the paralyzed nerves, then nutrition could be improved.

The idea that patients are rendered more susceptible to the contraction of colds by electrical treatments is unfounded; it will in a measure, prevent a patient from taking cold. When it is necessary for a patient to disrobe for treatment, the room should be comfortably warm, as too low a temperature will give a patient cold.

The application of mild currents for a longer time will be productive of more good to the patient, than the application of strong currents for a shorter time. Busy practitioners are too liable to make the time of application short and the current strong, to save time.

For the purpose of relieving pain, the application should be made twice or three times per day. When local methods are used, the application should be made daily. When the general methods are used, the application should be made twice per week. These are general rules that the circumstances surrounding different cases may cause the operator to vary; it will be well for every doctor who uses electricity to remember that mistakes are more often made by using electricity too often and too strong. Time is an important factor in the cure of all chronic diseases.

A change of currents occasionally will result in good to patients, just as a change of medicines will be followed by beneficial results, at times.

When a profuse perspiration of the head, one arm, one side of the body or even the whole body occurs at the time, or immediately following the application of an electrical current, it is caused by over-stimulation; the current has been too strong and will do the patient an injury if continued at that strength. The system will become habituated to the use of electricity, just as it does to medicines. Some patients are extremely sensitive to the use of electricity; at first they require very weak currents for a very short time; after a while they will be able to bear it much stronger. Other patients can not bear it at all without suffering from very unpleasant symptoms; after a reasonable effort to treat that class of patients has been made unsuccessfully, it should be abandoned.

[To be continued.]

A PRODIGIOUS EVIL.*

By L. S. Downs, M. D., Galveston, Texas.

PHYSICIANS do not generally live out the natural expectancy of man. The fact that the doctor stands so near the foot of the longevity list is an evidence that there is something radically wrong with his environments or habits. To seek out and correct this wrong is a paramount duty each member of the profession owes himself.

"Physician heal thyself" before assuming the great responsibility of treating others, is or should be, the natural inference of the lay mind. Statistics show that no greater number of the physically debilitated enter the medical profession than that of law or the ministry.

A very large proportion of medical students come from the rural districts and consequently are above the average, physically.

A few of the less vigorous may, from overwork or other cause, leave college invalided; but the greater proportion reach their respective fields of labor still in possession of health and strength. This, coupled with their knowledge of the means of prevention and modes of healing diseases, gives the physician, at the threshold of his career, great advantages over those uneducated in medicine. Exposure to contagious disease helps lower the longevity rate, but there are comparatively few doctors who, by virtue of their professional relations, become victims of these particular maladies. Exposure to the elements has increased the mortality among physicians; but improved vehicles and suitable clothing has done much toward reducing this exposure to cold and wet.

Irregular hours and loss of sleep claim many victims, and is the principal primary cause of disease and premature death among physicians, but the most prolific causes of disease is overtime and the use of alcoholic beverages and narcotic drugs.

Irregular hours are unavoidable to the general practitioner, but much of this is the fault of the doctor. Of all men the physician should be the most prompt, and when duty calls, should respond quickly; but to go and come at beck and call of good, bad and indifferent, is not a part of the professional man's duty. He should have regular office hours and keep them. The patron who comes to see him is entitled to as much or more consideration than is the one who calls him at any and all hours. The average office patient expects to pay his bills, while the hurry-up man is, as a rule, no good. He must systematize his business (if very busy begin an hour or two earlier in the morning, deferring calls less urgent until noon or later). The average general practitioner has too many hours set apart as office hours. Two hours in the fore-noon and two in the after-noon are sufficient. I am specifically an eight-hour man. The Masonic division of time is correct. Eight hours for work, eight hours for recreation and eight hours for sleep. He who follows this plan is wiser, happier and far more prosperous than is he who works eighteen hours a day and sleeps the remaining six. No man can work day and night and still retain his mental and physical equilibrium. He should teach his patrons the vital importance of rest, making night calls when it is absolutely necessary among his own clientele and refuse all others. He should make his charge for night calls double those of day and demand cash from strangers. This will have the desired effect. No doubt he will lose some customers, but, as a rule, sensible people respect a man who asks only what is just and right. The professional hog will make a call at any hour in the day and lie awake nights to rob his brother practitioner of a desirable patron, and the honest doctor, for fear of losing friends or business, feels it his duty to go when he is called. A doctor owes it not only to himself but to his family, patrons and

friends, not to overtax his physical and mental powers. Overtime and constant application lower the vital force, and to bolster up his flagging energies the doctor resorts to artificial means, and thus thousands of our brightest and best men become slaves to the drug and liquor habits. It passes understanding, why they who know best the baneful influence of narcotics, drugs and alcoholic drinks, should, of all men, become the victims of their use. When we learn from statistics that fully fifty per cent. of the idiots born in the world come from parents addicted to the use of alcohol and drugs, is it not the duty of the older and more experienced members of the profession to take the matter in hand and endeavor to find a remedy that will check such habits in younger and weaker members of the profession? Is there no remedy? There is one so simple and so rational that no sane doctor can fail to recognize its efficacy nor hesitate to apply it.

The remedy is simply "practice what we preach." "Health is wealth" and property accumulated at the expense of vital force is not gain. A pound of money for a pound of flesh is a fool's bargain, and an hour's needed rest has no monetary equivalent.

Let us be wise by virtue of our great opportunities and professional experiences. Do what we can do profitably, thoroughly and well, dropping worthless patrons, and if we find that we are still carrying too much of a load let us turn some of our less desirable patrons over to a deserving young practitioner. Take needed rest, regular meals and proper recreation. I number among my friends, old and experienced physicians, still hale and hearty, who have, for years, taken one or two days' rest each week. They rarely miss a meal at the regular hour and are prosperous and happy, not rich, no! They have discovered that it is not all of life to make and save money, dress in the latest style, live in fine houses and tickle the palate with the delicacies of the season, realizing that such luxuries will not repay them for loss of the blessing of health and strength.

If the laws of nature be respected, the physician, like his patient, has no need of artificial stimulation, or a soothing potion.

Let us be prudent and true to ourselves and our profession by strict adherence to the laws of health.

A clean mind in a clean body is essential to a pure and happy life. We are the architects of our own misfortunes, and are alone responsible for the length of our days, and can make our professional work a hard, irksome task or an ever pleasant duty. I do not pose as a teacher or a purist, but as an Eclectic, who loves his brother and his cause. While I have not been foolish enough perhaps, to imbibe the poisonous alcohol or partake the deadly drug, I have sinned, and had not nature favored me with an abundance of vital force, I, like many poor deluded brothers, might even now be writhing in agony, or my poor, wasted body be disintegrating back to mother earth.

Of all men physicians should be free from the curse of intemperance and vice; should walk upright before their fellowmen, an example

to the foolish and a light to the blind ; ever ready to extend a helping hand to poor, deluded and suffering humanity.

Let us be more worthy of our noble profession, and when we go hence may it be said of us—"He was true to himself, a friend and benefactor to mankind."

SETON HOSPITAL REPORTS.

BY PROF. L. E. RUSSELL, M. D.

CASE 18.—Dr. J. Norman, of Blanchester, O., presented a little girl 10 years of age, who had received a wound at the hand of her brother, who threw a broken crock lid, striking the girl's bare foot, separating the tendo-achilles half an inch from its attachment to the os calcis. The tendon had receded through muscular contraction, so that it appeared shortened some two inches. A parallel incision to the tendo-achilles was made, two and a half inches in length, exposing the severed end at the os calcis and also the open sheath through which the upper end of the tendon had receded. The lower end of the tendon was incised carefully, and the wound made aseptic. Hemostats were pushed upward into the sheath, and the tendon seized and dragged downward into view. Then with a suture the tendon was transfixed and a knot was placed in the suture tightly constricting so as to be of service in the extension of the superior end, so that it could be brought down and sutured to the short end at the tendo-achilles. The foot was now extended to its utmost, taking the tension off the tendo-achilles, and fixed in plaster-paris dressing. The wound healed by first intention.

CASE 19.—Mrs. M., referred by Dr. F. B. McElHinney, of New London, O., on account of a very large uterine fibroid sarcoma. The patient was fairly well prepared under the direction of Dr. McElHinney before leaving home, so that the day following her arrival at the hospital we were enabled to operate. The patient was 40 years of age, rather above medium size and weight, but recently had been experiencing considerable pain in the tumor mass, and was commencing to lose in flesh and strength. An incision was made in the median line extending from the pubes upward two inches above the left of the umbilicus. On severing the anterior peritoneal tissue, the grayish, glistening body presented in the line of the incision. The right hand was pushed down over the fundus of the tumor into the abdomen, lifting the tumor forward, and the corkscrew tenaculum was then twisted deep into the tumor mass, and pulled upon with much force; at the same time the incised wound was pushed downward, and the tumor pulled extra abdominal.

Adhesions of the fimbriated extremity of either tube were easily separated, and then the double silk thong forced through close to the

intra-uterine tissue, pulling one thong of silk downward to secure the ovarian artery, and seesawing and pulling the other upward to prevent hemorrhage from the bleeders in the tumor mass. When either side was fairly well secured, the bistoury was used to make two flaps anterior and posterior through the peritoneal tissue of the uterus, and these flaps dissected downward, the anterior taking with it the vesicle and the posterior the tissue of Douglas cul de-sac. The artery on either side of the uterus was dissected into the broad ligament, and a complete hysterectomy effected. Then through this cavity, extending downward and outward from the vagina, the full width of iodoform gauze one-half yard in length, was drawn outward, leaving in the lower part of the wound two or three pieces that would fold up about the size of an orange. The ligatures securing either ovarian artery were now pulled across this chasm and tied together, thus insuring the proper position of the strangled tissue, which was turned down into the cavity and stitched through by the hacking of the anterior and posterior flap; the traumatic edges of the same were also turned down into this cavity, and peritoneal tissue joined to peritoneal with cat-gut sutures completely closed the incision through which the womb and tumor mass had been enucleated, making a perfect floor of the pelvis without any intra-abdominal traumatic surface. The iodoform gauze was allowed to remain as a drainage for three days, after which it was removed. The abdominal incision was sutured peritoneal tissue to peritoneal, fascia of recti muscles to fascia, adipose to adipose, and the cutaneous with over and over continuous suture. The patient made an uninterrupted recovery, never in danger for a single hour. I believe this method is as near perfection as we shall ever hope to attain.

CASE 20.—Dr. A. L. Yoder, of Johnstown, Pa., brought his brother to the hospital, and on examination we found in the region of the right loin an excrescence not unlike a wart, about the size of a half dollar. This had been chafing and bleeding for the past three months, and for about the same period of time there was tenderness and swelling in the right axilla, which, upon careful examination we determined was a secondary infection of the nature of a carcinoma. The patient was properly prepared, and an elliptical incision six inches long removed the primary cause, so far as the skin was concerned. But in order to make more certain the extermination of the lesion, the fascia was dissected and excavated for a space six inches square; after which the secondary effect was assailed by making an incision from the middle of the clavicle down an inch below the upper edge of the center of the axilla, and then downward in the shape of a letter S. about a foot in length. After the skin was partly dissected for two or three inches completely around the mass and out beyond the outer edge of the axillary space, the fascia of all of the muscles was removed, together with a part of the pectoralis major; and then extending upward from

the lower part of the tumor mass, the same was separated from the ribs, and presented a wedge-shaped impacted carcinomatous mass, larger than a man's double fist, and through the superior part of the tumor the axillary bloodvessels were surrounded, so that the tumor had to be split and peeled through the bloodvessels.

The dissection required something like two hours time, and the patient was considerably shocked. The wound was dressed with a yard of iodoform gauze folded in plaits extending up around the bloodvessels, then to the apex of the dissection in the axilla. The lower end of the gauze protruded through a special incision made from the posterior incised flap. The whole incision was closed with over and over silk-worm gut sutures.

CASE 21.—Dr. W. Gaston, of Good Hope, W. Va., presented the following day a very similar case, a man about 50 years of age, who had what he supposed was a wart on the left third finger. The man had used concentrated lye to destroy the excrescence, but following the application, he experienced considerable pain in the axilla. This continued for some two months, when the man becoming alarmed applied to Dr. Gaston for advice. The doctor at once recognized the initial lesion as the nature of a carcinoma, and the second as carcinomatous impaction of the axilla, and advised the patient at once to submit to extirpation of the diseased mass in the axilla, and the amputation of the finger.

The operation was performed with the aid of Drs. Gaston, Yoder, and Spencer, and required two and a half hours of careful dissection, before the impaction in the axilla was completely relieved from its grasp around the blood vessels and nerves. From the condition manifest in these two cases of primary excrescence and secondary carcinomatous impaction, it might be well in considering the future cases of primary lesions simulating warts, scarification of skin, or excrescence of cutaneous tissue, as worthy of a more careful consideration and the possibility of a malignancy, especially if there is in the region of the axilla any engorgement or soreness.

EYE. EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

ATROPHIC RHINITIS.

Secondary atrophy is a result of lesions of other organs, and is produced by cyanotic congestion.

Etiology.—Abnormal conditions of the nasal structures may in some cases be associated with the atrophy, but the primary cause is a diseased condition of some remote organ, as the heart, lungs, liver or kidneys, which will produce venous stasis through interference of the

venous circulation. The retardation is most marked in those structures which are lax, hence the mucous membranes are especially liable to be affected. Another important factor is the imperfect elimination of waste products from the system in lesions of the urinary, alimentary or respiratory organs; the retained excrementitious material acting as an irritant, will manifest itself by inflammatory action.

Pathology.—The submucosa is first affected. Nutrition is impaired, although there is an excess of blood to the parts. The excessive distension of the vessels causes atrophy of the perivascular structures through pressure, as well as through lack of nutrition. This necessarily produces atrophy and degeneration of the epithelium.

The tissues in this form of atrophy do not present the shrunken appearance found in typical atrophic rhinitis, but there is lessened functional activity, though not always diminished size of the tissues.

The apparent enlargement is due to engorgement, while there is actually a diminution of the structural elements.

Symptoms.—The mucous membrane of the septum, middle and inferior turbinateds, and occasionally of the superior turbinate, will be injected, tense and sodden. The characteristic symptoms of an acute inflammation may be present. The external tissues of the tip of the nose are often reddened. Nasal respiration is usually markedly impeded, and generally there is an excessive exudation as a result of the over distension of the blood vessels. The voice has a nasal twang. Frontal headache is not infrequent, and a sensation of fullness over the bridge of the nose, is often complained of. The ocular conjunctiva may be congested, and excessive lacrimation annoy the patient. The senses of smell and taste are impaired. A slight odor may be present but is not constant.

Prognosis.—This will depend upon the causative lesion.

Diagnosis.—A differential diagnosis must be made between this type and intumescent, acute, and occasionally a chronic rhinitis. Palpation with a probe, careful inspection of the tissues, and the history, will all have to be considered.

Complications.—The accessory sinuses are at times implicated. The nasopharynx and rarely the larynx may present the same morbid appearance. When the nasopharyngeal tissues are affected there is usually involvement of the Eustachian tubes with a consequent disturbance of hearing.

Treatment.—Internal treatment in these cases must be for alleviating the morbid condition which is the cause of the local manifestation.

Local treatment will be for keeping the nasal tissues free from accumulated secretion, and also for relieving the obstructed respiration. As a cleansing solution the following will be found desirable: R—Acid salicylic (Lloyd's) 3ss; sodii boras 3jss; Lloyd's hydrastis fl 3i; dist; hamamelis q. s. fl 3jv. Sig. Teaspoonful in enough warm water to fill nasal syringe twice. For reducing the swollen, turgid tissue, tampons of cotton smeared with the salicylic acid ointment will be

efficacious. The ointment is: R—Acid salicylic (Lloyd's) gr. xx; glycerine q.s.; white vaseline 3j. The acid is rubbed to a smooth creamy paste with the glycerine before the vaseline is added. This will make an ointment free from lumps. In using this ointment, the tampon of cotton should be allowed to remain an hour and then removed. The application should not be made to the same side of the nose oftener than twice a week.

HYPOTONIA.

When there is diminished intraocular tension it is called hypotonia, and indicates a lessening of volume of the anterior structures of the eyeball. The condition is not infrequent, and it is strange that it is not oftener seen, as the very common practice of bandaging the eye in nearly all eye affections, especially if tightly applied, is very liable to produce hypotonia.

Tension below normal is often seen in such cases, and the discomfort of the patient materially increased. The bandaging prevents the escape of the secretions, and the principle of osmosis produces a change in the character of the fluids, lessening tension and increasing nutrition of the parts.

Very often there will be a marked improvement by simply removing the bandage, and allowing free escape of the secretions. Protection of the eye from bright light may be necessary, but can be fully obtained by the use of an eye shield, and without danger of maceration of tissues or osmosis.

PERISCOPE.

PERCEPTION.

Most people take things for granted, some learn from experience, others reason them out, and arrive at logical conclusions; but perception is the gift of gifts. By it we instantly see how things are, grasp the whole situation, are reviewing our resources and ready to decide on a course of action, while the man lacking in perception has come to a dead halt before the barrier of appearances.

If the organ of perception is small, or dull for want of use, a man is utterly at a loss when he happens on something beyond the range of his experience. How can a man tell what to do when what he sees has no special meaning for him. If he happens to be a doctor, the fine signs and signals which nature hangs out will not help him to arrive at a correct knowledge of what the trouble is or what is necessary to be done. He must depend upon authority. Must strive to recollect what some one else has done in cases resembling this. Fine distinctions, slight differences of constitutions and temperament, which make null and void the treatment on which he is depending, entirely escape his notice.

Acute and trained perception is a very different thing from guess-work and snapshot diagnosis, though they are often confused. They are as different as science and quackery, which, also, are often confused. The results arrived at by perception are just as reliable as the accomplishments of, say, manual skill. Can the hand explain its cunning? Perhaps it had a certain adaptability to begin with and through practice has gained a delicacy, subtlety, strength and power, which we call skill, and which does things so easily we can not believe them difficult until experience enlightens our conceit.

So with perception. The ease and rapidity with which one having large perception arrives at conclusions, and the natural unwillingness of humanity to concede in others powers which they themselves do not possess, make us skeptical as to the soundness of conclusions arrived at in this way. Yet, in mathematics, the reliability of this instantaneous mental process has been demonstrated over and over by lightning calculators such as Coldman.

While perception is largely a gift, it may be cultivated with very fair success. The methods of Sherlock Holmes will prove of inestimable value to the doctor in his clinical work. No doubt Dr. Doyle acquired them during his medical experience. The observation of trifles, logical interferences and deductions from the same, and the skillful welding of the various links into a chain of reasoning sound and strong enough to bear the test of action, will educate perception as practice imparts skill to the hand. It is a poor rule that will not work both ways. Analysis and synthesis are complementary parts of one whole.

If you begin by asking yourself the significance of the most superficial sign of disease and what effect it must have upon the other functions of the body, you will proceed step by step to the deeper pathology until you reach the taproot of disease. And as the time goes on, you will do this more and more unconsciously, less and less laboriously, until at last vivid perception makes direct for that taproot without doubt or delay.

How quick the heart specialist recognizes the condition of his patient, not only the lesion, but the stage of it, and even the man's chances, at the first glance. To be sure, he brings his stethoscope to bear on the case, and seeks to verify his opinion in every possible way, but nine times out of ten perception has told him right.

The country doctor is obliged to be an all-round specialist, for he is often the only man his patrons can consult. If he is well-grounded in a knowledge of physiology and drug indications, will teach himself to observe carefully, and to think out the meaning of these observations for himself, he will be surprised at the power and the skill which he will acquire.—*Medical Brief*.

A PLEA FOR A MORE RATIONAL PROGNOSIS IN CARDIAC AFFECTIONS.

J. J. Morrissey, A. M., M. D., Visiting Physician, St. Joseph's Hospital; Chief of Clinic Outdoor Department, St. Vincent's, New York City, says:

1. When a heart murmur is discovered, do not give a gloomy prognosis on that simple fact alone; consider the condition of the cardiac walls, the probable length of time the lesion has existed, the presence of dilatation or hypertrophy, or both combined. The occupation and temperament of the patient are very essential factors in the prognosis. Each individual is a law unto himself, and though certain general principles may be established as a basis on which to build a working prognosis, remember we have no real means of recognizing the strength of the individual heart, except its power of resistance against the poisonous effects of alcohol and tobacco, or the inroads of the acute or chronic diseases, or the stress of laborious occupations, or the debilitating influence of prolonged exposure. The diagnosis should be complete, the prognosis tentative. "Give your prognosis on the best suppositions, treat your patient on the worst." (Allbutt.)

2. Remember that murmurs do not invariably mean endocarditis, and a prognosis based simply on the presence of a murmur would be rank injustice to the patient, and demonstrate incapacity on the part of the physician. As a skilled observer has well stated: "With an apex-beat in the normal situation, and regular in rhythm, the auscultatory phenomena may be practically disregarded."

3. To those of us who are interested in life insurance work, this is of great importance. We wish to be just to the applicant, and at the same time do our duty toward the company. The fact that a man has a murmur at the apex, of which he is entirely unconscious, whose heart is doing its work thoroughly, despite the existence of the lesion, whose occupation is not of an adversely laborious character, who has passed that period of life when acute rheumatic infection is liable to stimulate into fresh and renewed activity the latent inflammatory products of an ancient endocarditis, should be factors to guide our judgment as to the probabilities of the future, prompt us in recommending for him a policy commensurate with the degree of cardiac inefficiency.

It should not be forgotten in this connection that a presystolic murmur does not always indicate the most serious of all lesions, viz., a mitral stenosis, nor has a so called musical apex-murmur any particular significance in prognosis, indicating, as it does, the passage of a stream of blood through a small aperture in the segment of a valve.

4. From the standpoint of longevity, aortic stenosis is a favorable lesion, and the writer must differ from some authors who state that it appears for the most part after middle life. It is found at that period when a man should be at the highest point of physical capability, between 30 and 50. It is true that it is frequently present as part of

a general decay, and then develops in consequence of atheromatous changes taking place throughout the system ; but it is more frequently present than has hitherto been suspected without such pathological manifestations being present.—*Indian Medical Record.*

Tricuspid Regurgitation.

This may result from either acute or chronic endocarditis. Commonly the condition is insufficiency, secondary to lesions of the valves on the left, particularly the mitral. Another cause is obstructive circulation through the lungs, such as cirrhosis and emphysema especially liable in chronic bronchitis. The symptoms therefore are obstructions in the lesser circulations, with venous congestion. The signs are first systolic regurgitation of the blood into right auricle and the transmission of the pulse-wave into the vein of the neck. On the contrary, there may be marked systolic pulsation into the cervical veins, that of the right jugular being more forcible than the left. Slight oscillations are not uncommon, even when the valves are intact. The distentions are at times enormous when coughing. The wave may also at times be observed in the subclavian, axillary and mammary veins. The pulsation may be transmitted through the tricuspid to the inferior cava, and so to the hepatic, and thus causing systolic distention of the liver. This condition may be observed by bimanual palpation over the fifth and sixth costal cartilages. The second important symptom of tricuspid regurgitation is the occurrence of systolic murmurs of maximum intensity at lower sternum. May be distinguished by its soft, low murmur from co-existing mitral.—*Wisconsin Medical Recorder.*

Laryngeal Diseases Accompanying Pregnancy.

The physiological relation between the genital organs and the upper air-passages has been recognized for many years, and almost daily observations are furnished of instructive examples which bear upon this subject. Dr L. Przedborski (*Archiv fur Laryngol*, Band xi, Heft 1) has furnished an article which deals at length with the laryngeal disturbances arising during, and associated with, pregnancy. Among nervous disturbances he has observed bilateral paralysis of the thyroarytenoid muscles, unilateral paralysis of the right abductor of the glottis, and twice complete recurrent paralysis.

In the class of inflammatory processes most commonly produced in the larynx by pregnancy, the writer has observed in four cases laryngitis hemorrhagica, in two cases subglottic laryngitis, twice ozena of the larynx and trachea, and in one case mucous polyp on the true vocal cord. In one case the pregnancy favored the inception of faryngeal tuberculosis, followed by invasion of the lungs.

The course of laryngeal disturbances arising during pregnancy is apt to be, according to the author, quite protracted. Since for the

most part such disturbances are chiefly due to the pregnancy, they are likely to continue till its end. Subglottic laryngitis and ozena of the trachea run a very obstinate course. The symptoms arising with these conditions, notably the decrease of the lumen of the glottis demand the most constant watching on the part of physician and attendants of the patient, the dyspnea occasionally making tracheotomy necessary. Laryngitis hemorrhagica, though suggestive of tuberculosis, does not awaken much anxiety. The course of pulmonary tuberculosis, on the contrary, is apt to be very unfavorable in the latter months of pregnancy, the gradually increasing carbonic acid intoxication often leading to a premature birth, in which instance the woman rarely survives the end of the pregnancy.

The course of the nervous affections is generally a favorable one, except when the form of paresis is one in which respiration is so impaired by partial or complete closure of the glottis as to threaten suffocation.

Where pulmonary tuberculosis is so unfavorably affected by pregnancy, the induction of premature labor may be naturally indicated. If this be opposed, the carbolic acid intoxication may be combated by means of tracheotomy.—*Medical Age, May 10, 1901.*

INTERSTITIAL NEPHRITIS.

Among the more common diseases that are now coming to be recognized as very widespread is that insidious form of kidney trouble known as interstitial nephritis. In bygone years we were taught that this form of kidney trouble was often caused by the abuse of alcoholic liquor, but we often find this form of trouble in persons who are abstemious and who never touch liquor except in a medical way. Too often it is the case that this disease is far advanced and has made serious inroads on the structure before it is recognized. There must be a cause for it, and we are persuaded that the cause of this trouble does not come from the use or abuse of alcohol.

When we come to examine more closely into the nature of this disease, we find that it is accompanied by a connective tissue growth in the kidneys, and in many other tissues of the body, giving rise to a condition which narrows the paths, especially of the smaller capillaries. Investigation of these cases will show that a large majority of them have lived principally on four articles of diet, namely, lean meat, eggs, cheese, and tea. These four things are highly nitrogenized articles of food, and it is by their carrying into the system great quantities of nitrogen that the amount of urea and uric acid are largely increased beyond what they should be in the normal state, and the blood taking up these two substances, and circulating them through the tissues, brings them in contact with all parts of the body, and it is by over irritating the tissues and congeeting them that a state of chronic passive congestion is maintained for years and years. We all

know that where an organ is congested, proliferation of the connective tissue results, and just so it is in these cases which subsist largely on the four articles of diet above referred to, that we often find chronic kidney trouble. We eat too much nitrogenous food, we consume too much tea, we drink too much iced water, all to the detriment of our health. If these things could be avoided, there would be far fewer cases of interstitial nephritis.

In cases which have commenced to develop this disease, we can often offset it by regulating the diet and drink. Practicing physicians who do not observe these things, and who fail to have a careful examination of the urine made in all obscure cases, are acting in a way which they would not care to have another person act toward them. There is far too little care expended on the prevention of diseases.—*Med. Examiner and Practitioner.*

Acute Laryngitis.

A most important part of the treatment of acute laryngitis is rest, especially of the inflamed larynx. All unnecessary talking should be avoided and no effort made to talk above a whisper. In the case of singers, orators and actors, where it is of the utmost importance that a normal voice should be regained as speedily as possible, absolute rest in bed in a warm room will do much to hasten the desired result.

The application of cold or heat to the skin over the larynx gives decided relief in the more severe cases. As to the selection of heat or cold the sensations of the patient would seem to be the best guide.

In my experience, heat is usually the more grateful. Cold may be applied by means of a Leiter coil or a small ice-bag or a napkin wrung out of ice-water and applied to the neck of the larynx. It should be changed sufficiently often to maintain the degree of cold desired.

Heat may be utilized by applying a Leiter coil upon the skin over the larynx in the usual manner and allowing hot water to flow through the coil. A folded napkin should be placed under the coil to protect the skin, and the temperature of the water should be as high as can comfortably be borne by the patient.

Of the local remedies, steam or rather hot watery vapor gives in most cases very satisfactory results. A teaspoonful of tincture of benzoin should be placed in a quart bowl or pitcher partly filled with hot water, and the fumes inhaled through the apex of a paper funnel placed over it.

APPLICATION TO THE EYES.—The cold cloths should be large enough to cover the lids and thick enough to retain the cold for a few seconds. Eight or ten such cloths are laid on a block of ice in a basin by the bedside and are placed on the lids one after the other, being changed so rapidly as to keep as much cold to the eye as possible. They

must be frequently destroyed if there is much discharge, and new ones made. The action of the cold is to reduce the swelling of the lids and conjunctiva; it is especially important if much chemosis is present. If the cornea becomes infected the iced cloths must be stopped, as the cold depresses the cornea and tends to increase the ulceration. Hot applications are usually substituted under these circumstances. Pads of cotton saturated with very hot water are applied to the lids and rapidly changed for fifteen minutes every three hours. This stimulates the cornea and also decreases the swelling of the lids, though for the latter it is not so effective as cold. The pupil is usually dilated with atropine as soon as corneal involvement is noted.

—*Trained Nurse.*

MICROBES.

I've had the yaller janders till I looked like butterine;
 I've had the fever'n ager till I turned a bluish green;
 I've had th' rash an' measles an' I've had th' varyloid,
 I've had th' grip an' shingles, an' a siege o' mean typhoid;
 I've had th' wust lumbago that a feller ever had,
 I've had syattic rheumatiz, an' had it mighty bad;
 I've had them larinjeetuses an' tonsileetus, too,
 I've had appendyseetus till they carved me through an' through;
 I've had th' mumps an' tizzick—w'y they raised me on the croup.
 An' many a night in babyhood they thought I'd looped th' loop:
 I've had chillblains an' bunions, had sore feet f'm spring t' fall—
 Jest trot out somepin I've not had—I-jings I've had 'em all!
 An' now comes all th' doctors with a theory nice an' new
 That says all these diseases that has tackled me an you
 Is caused by some poor squirmin' thing that gets beneath th' hide
 An' never feels quite happy till its boardin' house has died;
 They tell us that th' backache an' th' headache an' the blues,
 Is hatched by some dumb varmint that's crawlin' round yer flues:
 They say that all ye haf t' do t' drive th' ailment off
 That makes ye burn or shiver or lay 'wake at night an' cough
 Is jest t' kill th' microbe that is doin' all th' dirt,
 An' after that ye'll never know that anything had hurt.
 I 'spose they're right, for most o'folks that's had their critters fix'd
 Is deadier than th' microbes—guess th' doctors got 'em mixed.
 I'se got a little idee of my own I'm goin' t' spring—
 I hope the' doctor folks won't think I'm givin' em a string,
 An' this is it: I reckon that this theery that they've got
 About th' germs an' creepers, which I think is tommyrot,
 Is jest another sample of diseases that has come
 From them same little microbes 'bout as big as nothin's thumb.
 I reckon that this bug disease that's rulin' all their minds,
 About th' little varmints erawlin' underneath our rinds,
 Is caused by some fool microbe that has crept inside their skulls
 An' won't let loose a minute till they's nothing left but hulls:
 An' this theery epidemic that I'm speculatin' 'bout
 Is worse'n any other that the docks has figgered out.

—*Exchange.*

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MENSTRUATION AND ITS DISORDERS.

V. DYSMENORRHEA (Continued).—The inflammatory form of dysmenorrhea is the most frequently encountered variety in the woman who has borne children. As we find the mechanical form in the nulliparous female, so we will encounter this variety in the woman with children. We have in such cases the history of some form of inflammatory trouble—probably in most instances referable to the uterus. It may be a well defined corporeal endometritis; in other cases it is of a more circumscribed nature, and manifests itself as an endocervicitis; while again the difficulty may be traced along the tubes, and in not a few cases involving the ovaries, either in conjunction with the other parts or independently as quite a severe oophoritis.

In this form of dysmenorrhea the pain is usually of a very marked type, the patient even suffering to a greater extent than in either of the other varieties of perverted menstruation. The pain may be attributed to the increased congestion of the part affected, owing to the physiological hyperemia of menstruation. The suffering begins as a rule a day or so in advance of the expected period, continuing to increase in severity until it often becomes almost unbearable, and not subsiding until the appearance of the flow, when it gradually yields as the engorged vessels are relieved by the menstrual depletion. The erethism resulting, however, renders the patient very miserable throughout the entire epoch.

While the inflammatory lesion upon which this feature of dysmenorrhea is dependent, usually results as a consequence of parturition, it may under other circumstances arise from exposure to cold or inclement weather at the time of the period. Displacement of the uterus is likewise quite certain to induce some degree of inflammation. Fibrous tumors may also excite inflammation. It may also exist from traumatic consequences; external violence, especially to the ovaries or tubes, is quite likely to give trouble. The flow is usually scant at the beginning, seems to start slowly; the sickness continues, however, over a greater number of days than usual. There will be considerable tenesmus, often vesical and rectal as well as uterine. The seat of the

severe pain will depend on the location of the inflammation; there is always an annoying headache, a full and bounding pulse, sometimes quite a little fever, the temperature showing an increase in range of several degrees.

This form of dysmenorrhea is attended by certain symptoms or characteristic features not noted in the other varieties, in that the pain and suffering do not wholly subside with the termination of the period, but the symptoms and effects of inflammation are still in evidence, and continue through the intermenstrual season. In all such cases an examination should be made at once, and the location and extent of the trouble determined, preparatory to the institution of the proper and indicated treatment. If we would benefit or cure our cases of inflammatory dysmenorrhea, it is quite evident that a judicious treatment must be continued persistently until the primary or exciting cause—the local lesion—is removed.

Macrotys and veratrum answer very well in many cases; again, pulsatilla, bryonia, aconite, nux, viburnum, as well as gelsemium or belladonna, may be called for. These agents will prove most satisfactory if carefully prescribed and changed from time to time as the special indications demand, and continued from one period to another until the diseased condition yields. To relieve the severe suffering at the time of the period, it may be necessary to increase the frequency of the dose of the indicated agent; also, when the suffering is intense, patient unable to sleep, the rectal suppository of opium in coca butter will be found a valuable adjunct to the general treatment. In the event the patient is of a constipated habit, mild measures to unload the lower bowel will add to the general relief. Often a hot suds enema will prove very grateful.

In some of the persistent cases an examination will reveal the indication for use of local applications. When the small vessels of the cervix are engorged, and symptoms of local congestion are in evidence, belladonna two parts, incorporated in five parts of glycerin, applied on a tampon of cotton, aids materially in relieving the trouble. When the parts are swollen, puffed, with fullness of tissue, use hamamelis. Inflammation alone will often yield to fluid hydrastis. For hypertrophy, heaviness, calling for local depletion, the use of boroglyceride will be found satisfactory.

In a large number of cases, when the trouble is more or less chronic, symptoms of endometritis are present, or a condition of subinvolution is noticed, the best means to pursue will be a thorough curettage, followed by packing with iodoform gauze. Local treatment should be repeated in such cases from two to three times each week, as conditions require. If operative interference is resorted to, proper preparatory measures should be observed, and the usual quietude, rest, and care follow, as are essential to success in similar procedures under other circumstances.

R. C. W.

THEN AND NOW.

Once the writer knew a physician so prejudiced against the Eclectic profession as to refuse to pass along the sidewalk that faced the Eclectic Medical Institute. He would cross to the opposite side of Court street and evade that hateful spot. But before he died this man came to use eclectic remedies only and he would even come into the building he once detested in order to get them. He discovered on acquaintance that neither the men concerned in the preparation of these remedies nor the physicians who depended on them in practice were possessed of qualities that need in the least disturb one intent on professional evolution. And this man's son, a regular physician too, is now more than friendly to Eclectics.

Once the writer of this came near having charges preferred against himself, the object being expulsion from a society to which he belonged. This, in consequence of his connection with the Eclectic school. But kindlier feelings prevailed and the intended wrong was left undone. Among the writer's closest friends are now to be numbered some who were arranged then in behalf of a cause that investigation of the other side showed was a bad cause.

The time has not long passed since to proclaim one's affiliation with this minority school, the Eclectic school, was to be ostracised in a measure, so far at least as business was concerned. The writer would not presume to venture to compute the amount lost to himself because of his Eclectic affiliations. But now conditions are not as formerly. Men begin to perceive the vastness of man's ignorance and to know that research and study are possible in many lines outside the field trodden over by the dominant school in medicine. The fact is beginning to be apparent that the work of the Eclectic has been in new lines and new fields, and the further fact is evidenced in that their work has been done professionally. No more severe charge has been made against them truthfully than that they did well what the dominant school did not do at all.

These things are beginning to be seen, conditions are not as once. And in no way is this more apparent to the writer than in the reception now given Eclectics, and himself as an Eclectic, as contrasted with then.

Take this recent Los Angeles Eclectic Medical Association Banquet as an instance. It was held in the Westminster Hotel, which in itself is evidence that the society is in good form in Los Angeles. It was elaborate, artistic and bountiful. The papers of the city gave even more than its just due to the event and complimented the occasion most delightfully. The guests were conspicuous citizens of Los Angeles and vicinity, scientists and others. The President and Secretary of the Southern Academy of Science were present and responded in a dignified and cordial way to toasts that served well the occasion. Mr. Earnest S. Tanner took part, and Mr. Tanner as is known, is a pharmacist of repute and renown in Los Angeles and

vicinity. These indications of the change that has come and of the movement that is yet to come are not to be passed lightly.

To the foregoing let it be added, this was an Eclectic affair. No dissembling, no evasion of issue, no attempt to curry favor by any milk and water announcement. It was the banquet given at the close of the meeting of the session of the Southern California Eclectic Medical Association, and the outcome marks the position of our people in and about this thrifty city in the land of western sunshine.

J. U. L.

PLAY FAIR.

In the July Journal, is an interesting article by Dr. C. E. Price on the "Waning of Faith in Drugs," in which the author cites twelve reasons, for accounting for this condition or lack of faith among the profession of the efficacy of drugs, I would like to add a thirteenth, perhaps you would say an unfortunate number thirteen, but prejudice on the part of the physician is an additional reason for doubt among members of the healing art. -

It seems a little singular, that a body of men who are seeking the means and methods of cure, should be so blinded by prejudice, as to carry them to extremes and lead to statements that are absurd if not untrue. In advocating a pet remedy such marvelous cures are reported as at once to disgust a certain per cent of the profession, while another method that does not meet with his approval is condemned on every occasion, and he goes out of the way to attack it.

Prejudice stands in the way of determining the truth, not only as to the efficiency of remedies, but in determining the cause and prevention of disease. As an example of how prejudice may lead to extravagant statements, I quote one Dr. C. W. Larison, Ringoes, N. J., in the Medical World for July. He is a strong anti-vaccinationist, which of course he has a perfect right to be, but hear what he has to say for his reasons. "During an experience of forty years, I have seen one hundred and thirteen cases of small pox, of which only four proved fatal. Did space in your valuable magazine permit I could cite more than thirty cases in which I have seen death result from vaccination."

Here is a remarkable statement. In forty years he has only seen four deaths from small pox and more than thirty deaths from vaccination. It is too bad that he did not have space to tell us how many over thirty cases had died from vaccination. He also says that he is busier than he has been for years during the vernal months, owing to the large number of patients suffering from the sequelæ of vaccination.

That some lesions have followed vaccination I presume no one will deny; that some deaths even have resulted is equally true, but to make a statement like the above is the veriest nonsense, and should receive the condemnation of all medical men. Again a new remedy, antitoxin for example, is presented as a cure for a grave disease. One doctor becomes its champion, and to support his claims for the agent

reports marvelous cures, patients that have been literally taken right out of the clutches of the grim monster, and that since its use, he has no more deaths to record. Another physician does not believe in serum therapy, and though he has never used serum remedies, he marshals his forces and enters the fight. Now I am not advocating serum therapy, nor vaccination, but simply give these examples of how prejudice influences many physicians.

For years the Eclectics have taught specific remedies for specific conditions, and have successfully practiced it, yet there are very many today who will vehemently deny that there can any good thing come from eclecticism, and declare the subject of Specific Medication as absurd. It does seem a little strange, that in this twentieth century, when the whole medical world is seeking that which is best for poor sick and suffering humanity, our prejudices should stand in the way of determining the truth. Why can not we play fair? Why not "Prove all things" and hold fast to that which is good. R. L. T.

THE INFANT'S STOOL.

Nothing in Eclectic therapy has been more carefully worked out than the specific treatment of the bowel disorders of infants. Taking into consideration always the many accompanying indications, one is pretty safely guided in the selection of the specific remedy by the nature and appearance of the stools alone. As in other conditions in which we study specific medication, we must first know the normal state. The normal infant stool is a mush or mustard-like, smooth, yellow or greenish yellow, homogeneous stool; the evacuations occurring early in life about three or four times a day, and from the first to the second year two or three times a day. Normal stools have a sourish odor and acid reaction. Knowing the healthful stool, it is not difficult to detect deviations, which are usually very decided.

Constipation of a mild type in an infant is not a matter that need give us concern, though the fact must not be overlooked that such a condition is often the precursor of diarrheal or dysenteric attacks, leading to grave issues. Should this constipated state be confined to the lower bowel a daily enema of *pure* glycerin for a few days may entirely overcome the habit. When due to a general constipated state nothing is better than triturated podophyllin in solution with brown sugar, as suggested by Prof. Locke. If, however, there be an unduly acid condition of the stomach, sodium phosphate may better answer the purpose.

It is looseness of the bowels, however, that gives us greatest concern. While we may have a single well defined type of stool, it is more common to find mixed types, such as shiny and curdy stools, etc.

Curdy stools are the result of indigestion. If of the fatty portion of the food (undoubtedly produced by defective biliary, intestinal, and pancreatic secretion), the curds are soft and smooth like butter;

if of undigested casein, the stools are yellowish and hard. Careful attention to the diet will change the character of such stools, and podophyllin, nux vomica, or hydrastis, according to indications, will correct the difficulty.

Green stools are attributed to a specific bacterial agency. The remedy that has seemed best indicated is small doses of glycerin. Lactic acid has given good results, and specific matricaria is always indicated. Curdy and green stools are very common, and are best met with evacuant doses of olive oil, administered daily for a few days. Neutralizing cordial (Locke's R.) should be given if there is a decidedly sour odor. Lime water is of use in these cases.

Slimy stools always require careful attention, as they result from inflammatory and catarrhal conditions of the bowels. Aconite and ipecac have their field here, and if decidedly dysenteric, magnesium sulphate in small doses. Nothing is more decided in its effects than the latter, especially where there are torments and tenesmus, and small discharges with marked prostration. The old white liquid physic, so popular with the early Eclectics, is a remedy of great value in these troubles. If there is much flatulence, xanthoxylum, capsicum (difficult to administer to very young infants), or colocynth may be indicated. An unpleasant and often grave symptom is the very foul odor, caused chiefly by decomposition of albuminoids. Our remedies here, selected for their other indications also, are chlorate of potassium, asepsin, baptisia, and echinacea.

Pasty, clay colored stools, showing a disorder of the biliary apparatus, together with icteric yellowness of conjunctiva and skin, lead to the selection of chionanthus, podophyllin, leptandra, or sodium phosphate.

Lastly, the most exhausting of all stools are those which are profuse, watery, and without color—stools so characteristic of cholera infantum that they are always danger signals. With these stools there is often but little, if any, fecal matter. For watery stools we prefer neutralizing cordial with specific amygdalis if there is much gastric irritation. Aconite is usually indicated when fever is present, and a tendency to coma is met with belladonna. When the stools are painful and an acid is indicated, lactic acid will serve well. Epilobium is an admirable remedy when the stools are watery and profuse, and painful with evacuations of half digested food. An infusion, with glycerin, is the best form for its administration. Tendency to sepsis demands baptisia, when the pinched bluish features and prune juice discharges are present; otherwise echinacea may be depended upon, and more especially in cases showing blood depravation. Ipecac and aconite may be used in proper cases to allay gastro-intestinal irritation, and nux vomica in those asthenic or atonic cases, with pallid expressionless face, weak thready pulse, and gushing painless evacuations. Another important remedy in such cases is an infusion of erigeron canadense. When the characteristic indications for rhus tox.

are present, it will often prove the best agent to suppress the diarrheal flow. Veratrum album has an occasional use in watery stools, and should not be forgotten, nor should cuprum arsenite when other agents fail. Unless the case tends to become chronic, astringents should be avoided, and then only such agents as rubus or geranium in decoction should be employed.

H. W. F.

ABSORPTION OF ECLECTICS.

"*Editor Lancet Clinic* :—Your otherwise excellent resume of the proceedings of the Ohio State Medical Society fails to mention three important facts. 1. The name of the reorganized body is the Ohio State Medical Association. 2. Any legal practitioner of medicine in Ohio, without reference to school of graduation or denominational antecedents, is eligible to membership in the county medical societies, which membership, in turn, makes him a member of the State Association. 3. All reference to the recognition of the code of ethics of the American Medical Association was stricken out of the constitution before its adoption. This step, significant of a complete revulsion of feeling on the 'Code question,' was taken, first by a publicly announced and largely attended conference, and was subsequently ratified by the society without a dissenting voice. As a result of this action, and that of the American Medical Association at St. Paul, last year, whereby all mention of the Code was eliminated from its organic law, the medical profession, not only of Ohio but of the United States, at last stands untrammeled by arbitrary rules and absurd barriers.

Very respectfully, CHARLES A. L REED, Cincinnati, July 7, 1902."

We print the above from the Cincinnati Lancet Clinic of July 14. Coming as it does from Dr. Charles A. L. Reed ex-president of the American Medical Association, who has had much to do with the reorganization, etc., of this Association, gives it more strength than it would otherwise have. The same reorganization principles as we understand have been carried into and through the American Medical Association. About the same time the newspapers of this city contained the opinion of a number of prominent physicians as to the general relation of the schools under the reorganization act, and its particular effect upon consultation between men of the old school and the so-called irregulars. Although there is something in the air, there seems to have been some sort of miscarriage or premature birth; that is, the newspapers were a little too previous as usual. The old code controversy had been on in Ohio and New York for years, and it seems, judging from what Dr. Reed says, that in Ohio—the code—has been forever hushed. But when it comes to admitting into the regular societies the long-eared eclectic and homeopath, it is a little dubious. He will certainly have to have a hair cut, or have a shine, his pants tied down (a la Uncle Sam), and wear a silk hat. In short, before admission, as we see it now, he will have to change his spots, drop his

name and tail and be simply a common physician. Undoubtedly, he may be regular in his habits and bowels, and in his emissions, omissions and commissions, but it is not necessary that he subscribe himself "regular." The fact that he is supposed to be regular whether he knows a darn, or not when he drops his eclecticism and his homeopathy, etc., is sufficient. It matter little whether he has been accustomed to goat serum, ass' milk or porridge, or whether he has 99 stripes or one, so long as he does not tell what he is, he is eligible. That is the way we see it now.

Dr. P. M. Foshay, secretary of the Ohio State Medical Society, writes of this matter thusly: "So far as I am aware, no such resolution was introduced or passed. What has been done has been accomplished only by indirection. Certain proceedings of the Association (American Medical) are open to the interpretation that the barrier which stood in the way of the admission of Homeopathic and Eclectic physicians has been removed. If such is the case, however, it is only because the National association is tending to a decision to leave all matters in reference to the qualifications for membership to the county societies with the right of final appeal to the State Societies. Coupled with this tendency there is the fact that several state societies have admitted to membership both Homeopathic and Eclectic physicians. Those admitted were, I believe in every instance, men who no longer practice what might really be called "sectarian" medicine. That is, they may privately hold particular theories in reference to therapeutics which are different from those of men educated in regular schools, but they do not hold themselves aloof from the great body of medical knowledge. I may say that, for myself, I have long been in favor of our societies receiving into membership all reputable members of the Eclectic and Homeopathic professions, that is those who practice medicine, and who do not trade upon exclusive title. I shall be much pleased when this time comes. In the present instance, so far as I can see, the newspapers are somewhat in advance of the facts."

From this careful wording we believe we are right in saying that the "regulars" do not propose to swallow every body at once. The scales must be dropped and the ears cropped and the tails docked first; drop eclectic and homeopath—become a physician—and you are eligible for adoption. Otherwise you are not. However, there is evidently a breach through which you may crawl. If you stand well in your community the county society can adopt you and the State and American Medical may wink the other eye.

W. E. B.

MEDICAL EDUCATION.

To physicians desirous of sending or commanding students to the Eclectic Medical Institute we can say, our course of instruction will be thorough and our examinations tangible. There will be no endeavor made to rush the student through unprepared, to subsequently

fail in passing a State Board examination, nor will any false inducements concerning advanced standing or three term arguments be offered. As is well known, whoever listens to arguments of this kind meets with disaster in the end. The Eclectic Medical Institute proposes to serve its students fairly, to their own best interest, and to the credit of itself. Whoever can comply with the entrance rules, and will give the study necessary, need have no fear but that the instruction will be all sufficient. But whoever proposes to shirk a responsibility by either neglect or dissipation, needs be told that this course will not be tolerated by the faculty of the Institute. We propose to give all we promise in the way of educational facilities. If a young man desires to become a physician capable of meeting the problems physicians must face, he can prepare himself to do so in the old E. M. Institute.

PEPSIN AND GASTRIC DIGESTION.

The average amount of pepsin normally secreted by the gastric glands for the digestion of an ordinary meal is about four drachms. It is not all discharged into the stomach at one time, but gradually, during the average time required for the digestion of an ordinary meal which is about three hours; perhaps more is secreted at first than later, but there is not a very large quantity of pepsin in the stomach at any one given time, as it passes on down with the digested food into the small intestine. The pepsin is gradually secreted in small quantities and mixed with the food, digesting proteids reducing them to peptones. In administering pepsin as a medicine no very great amount of good is accomplished, nor is there any harm done; as the stomach normally secretes 240 grains for the digestion of a meal, giving 5 or 10 grains more as a medicine does not make much difference, and may be omitted. The natural manner of introducing pepsin into the stomach, nature's way, is to cause the gastric glands to discharge at about the rate of 45 to 60 grains every hour, or rather this much pepsin, at least, is slowly introduced and incorporated with the food, a small quantity being mixed with the chyme constantly. To give a patient a 5 gr. tablet of commercial pepsin after a meal surely can do no very great amount of good; however, the various acidulated liquid peptic preparations do benefit digestion; practical experience here seems to offset theory. But when we come to consider that indigestion is more often due to a deficiency of hydrochloric acid than to a lack of pepsin, the matter is to some extent cleared up, for these mixtures contain more or less acid hydrochloric, and it is this and not the pepsin that is beneficial, and the same or better results can be obtained from a dilution of hydrochloric acid without pepsin; there is about a half drachm hydrochloric acid in five pints gastric juice, the amount required to digest a meal. This often drops as low as 10 or 15 drops, and it can readily be seen that a deficiency in the acid is much more likely to occur than a lack of pepsin. A diminution in

hydrochloric acid is probable when the diet is deficient in sodium chloride, for it is to some extent, at least, from catalytic hydrolysis that sodium chloride provides elements for hydrochloric acid formation. Hence, it follows that salt and water may prove better as digestive aids than pepsin.

L. W.



WILLIAM F. CURRYER, M. D.

Dr. William F. Curryer, late Secretary and Eclectic member of the Indiana State Board of Medical Registration and Examination, died in Indianapolis, July 5th, 1902, of apoplexy. He was in apparent good health until the time of the seizure; having been at the hospital calling upon patients the morning of his death.

Dr. Curryer was born on June 5th, 1845, in Butler county, Ohio. He received the usual training of a country boy, going to the district school, attending church on Sundays, and working on the farm. His mother died when he was three years old. As he grew older he made up his mind to have more than a common school education, and at the age of 20 he left home and went to Bethany, studying with his brother, Dr. J. C. Curryer. He afterwards entered the Cincinnati Literary and Scientific Institution, and graduated in 1867. He returned to Bethany for a short time, but later in the year began business for himself in Thorntown, Ind.

Thrift and diligence, as well as sobriety and determination, were conspicuous in his character. He had the trials and vicissitudes which young physicians are certain to encounter, but overcame all, and soon the skies cleared around him, and the future brightened.

In 1874, he graduated at the Eclectic Medical Institute of Cincinnati, and in 1882 he attended the medical department of the University of Illinois. He also graduated in the Chautauqua Literary and Scientific Course. In 1877 he was elected President of the Indiana Eclectic Medical Association, and in 1881 he became Professor of Obstetrics in the Eclectic Medical College of Indiana. The following year he was appointed to the chair of Pathology and Practice of Medicine, and held the position till 1888. At that time the demands of his private business had become so urgent he was compelled to resign. He was twice elected Vice President of the National Eclectic Medical Association, and in 1891 he was elected President.

In 1893, after having practiced medicine in Thorntown for over a quarter of a century, he removed to Indianapolis, and soon established a large and lucrative business. As a surgeon he was conservative and highly successful, having gained the confidence of a great many physicians because of his good judgment and uniform success.

In 1897, when the Board of Medical Registration and Examination was created in Indiana, Dr. Curryer was appointed the Eclectic representative in the Board. He was re-appointed for four years in '98, and again honored by appointment for another four years in April of this year.

Dr. Curryer was a member of the Methodist Church, and of several societies. He was married Oct. 4th, 1870, to Miss Phebe M. Rouse, and she, as well as one daughter and one son, remain to mourn the loss of a kind and loving husband and father.

In the death of Dr. Curryer the Eclectics have lost a man whom all honored and many loved—one with whom it was a pleasure to be associated, because of his kindness, his honesty, and his devotedness to his profession; and because of his character and his work, he will long be remembered by Eclectica. C. G. WINTER, M. D.

SURGICAL MISCELLANY.

ABCESS AROUND CAPUT COLI, OR KING EDWARD'S DISEASE.—It is quite possible now that the nature and history of King Edward's coronation illness is so well understood by the general medical practitioner, that these lesions of inflammatory conditions around the head of the colon resulting in large abscesses filled with a liberal quantity of pus, will in the future be classified as King Edward's disease. And why not? Inasmuch as it bears about the same relation to a certain condition as is often designated by the name of some operator attached to a surgical procedure. It is safe to make the estimate that one out of every 25 cases diagnosed as appendicitis, is an abcess surrounding the caput coli pure and simple, and requires but a simple incision made with care over the most prominent part of the tumor mass, until the gas and pus forces a release into the line of the incision. Then the incision is gradually enlarged with the blunt end of the

bistoury or by picking up the peritoneum with the snap forceps, and with the scissors increase the size of the opening until you can freely evacuate the abscess cavity; wipe it out with gauze, and pack with long strips of iodoform gauze, commencing at its bottom, and placing in the upper and lower angle these long strips, allowing the ends to protrude out of the wound and hang down equal to a level with the patient's spine; after which it is well to force the index finger between the upper and lower pieces of gauze and withdraw it, leaving a free opening, over which dressings may be placed to arrest the escaping fluid.

Such a case was in care of Dr. Stephens, of Catawba, O. July 23d, and we found, on making the incision, fully a pint and a half of very offensive pus enclosed around the *caput coli* with the appendix apparently normal. Why not dub this King Edward's Disease?

Herr Professor Von Bergmann, of Berlin, one of the most distinguished of the German surgeons, in discussing gun-shot wounds, advocates the "letting alone" policy of interference in the track of the bullet; claiming that the wound is made aseptic by the friction at the time of penetration of the flesh by the bullet.

It has been found by experience of quite a number of years the bullet wounds should be fairly well protected from outside influence, the parts carefully sterilized up to the margins of the bullet wound and carefully shaved with razor, and then over the wound and edges freely dusted with iodoform or boracic acid powder, and the bullet allowed to remain, unless in close proximity to a blood vessel or nerve, or the fracture of a bone, in which event, of course, the foreign body must be removed.

TWO OF A KIND.—Two of a kind has reference to two very interesting cases of carcinoma which were recently operated upon at the Seton Hospital, and the cases more fully reported in the journal under the hospital reports. It seems quite strange but nevertheless true, that surgical lesions present themselves in pairs or triplets. I have talked to quite a number of our medical men in the general practice of medicine, and they assured me that often they find the same experience obtains in the common diseases in general practice; that when they receive a call for a certain kind of lesion, they are almost sure within the next few hours to receive two or more calls of the same nature; and where a case of confinement requires instrumental delivery, one or two other cases of the same nature are sure to be presented within a few hours or days.

THE X-RAY IN LUPUS OR RODENT ULCERS.—A corroding disease of the skin on the face near mucous membrane has been given the name of *lupus vulgaris* or *noli me tangere* (touch me not); also known under the name of rodent ulcers and tubercular affections; included under these headings epitheliomas may also be classified. It is a fact

that the ulceration following in the rodent ulcer gradually assumes a new formation of tissue as the parts are destroyed or broken down from the necrotic process.

Oftentimes these rodent ulcers begin as a small pimple, and while they occasion a little annoyance, they are from time to time irritated either by rubbing or scratching of the finger nails, and they pass from the quiescent state to the active, plus the infective or septic condition produced by the scarification of the finger nails.

Recently foreign journals give very flattering accounts of cures for these rodent ulcers by the use of the X-Ray, which consists in placing the patients close to the X-Ray tube and subjecting them to the influence of the electrical storm for five or ten minutes every few days, being governed somewhat by the action of the X-Ray in regard to its burning of the tissues surrounding the ulcer.

In the advanced cases of the rodent ulcer, where there is an indurated edge of the sore, it may be well to use the actual cautery to break down this induration or to circumscribe it with the sharp bistoury. This aids in the more speedy action of the X-Ray towards a recovery.

L. E. R.



JOHN CALVERT BUTCHER, M. D.

Dr. John Calvert Butcher was born in Flushing, Belmont county, Ohio, April 4th, 1846, and died in Urbana, O., on Thursday, June 19, 1902, at 8 a. m. He was the son of Dr. J. M. Butcher and of Nancy Butcher, who resided in North Lewisburg, O., from 1848 to 1873,

when they removed to Urbana. Dr. J. C. Butcher graduated at the Eclectic Medical Institute in 1871. In 1873 he was married to Victoria Pratt, who with three sons, Frank and Cleland, of Ensl, Ala., and Dr. Harry, a rising young dentist of Urbana, survives him. The Doctor was prominent in Masonry, being Past Eminent Commander of Raper Commandery, and as a Knight of Pythias. His funeral services were under the auspices of his Commandery, and was largely attended by members of the fraternity.

Dr. Butcher was one of the most prominent Eclectic physicians in Ohio. As such he had an excellent business, extending over several counties. He was an ex president of the Ohio State Eclectic Medical Society, and an ex vice president of the National Eclectic Medical Association, having served as such through some trying ordeals in 1894-5. He certainly would have been more highly honored by this organization, had not failing health kept him from its annual convocations. In medical society work Dr. Butcher was a very forcible speaker, and his opinion upon medical and surgical matters was very highly esteemed. He had been ailing for some time previous to his demise. Two years ago he spent several months upon the Pacific coast, in and about Seattle, hoping that the climate and the rest from the exacting duties of his profession would cure him. He returned much benefited, but when, in February last, a pyloric involvement of some kind, though perhaps of long standing, became prominent and distressing, the old trouble—diabetes mellitus—became more virulent. For several months he made a gallant fight, but his rugged constitution had been so undermined that about June 1st he was obliged to take to his bed. For some days previous to his death he seemed to be gaining through rectal alimentation, but hope was of short duration, as dread diabetic coma overwhelmed him, the inevitable came, death conquered. Human means, loving hearts and hands, were powerless. A successful career was ended; a loving family was bereft; a respecting community was saddened; a faithful brother's head was bowed; a medical profession and school bows in submission to the Divine will.

W. E. B.

ANNOUNCEMENT.

The Sixteenth Yearly Post Graduate Course in Official Surgery by E. H. Pratt, M. D., will be held in the amphitheatre of the Chicago Homœopathic Medical College, Corner Wood & York Streets, Chicago, Illinois, during the week beginning with September 8, 1902, having a four hours' daily session.

Doctors invited to bring obstinate cases of every variety of chronic diseases. For particulars address

E. H. PRATT, M. D., 100 State St., Suite 1203, Chicago.

ERRATA.—The word Antimonium Crudum in Professor Bloyer's article, page 455, August Journal, was misspelled.

In the April number, page 186, 9th line from the bottom, the prescription for pulsatilla and cactus should be 3 instead of 5.



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ORIGINAL COMMUNICATIONS.

EPITHELIOMA OF THE FACE.

By E. Lee Standee, M. D., St. Louis.

THESE growths are malignant in character, arising in the stratified epithelium of the skin and mucous membranes. They are characterized by cone shaped ingrowths of epithelium, which soon invade the underlying tissues. They may arise on any surface which is covered with stratified epithelium, but seem more liable at points where transitional cells are present, or where a membrane meets and is connected to one of another kind, as the lips, eyelids, nose, or any of the apertures of the body, also the tongue, gums, or mucous surface of the cheek. Warts, moles, blemishes, rough surfaces, old cicatrices, chronic ulcers, etc., are all liable to assume an epitheliomatous character when neglected or subjected to irritation of any kind, and become a source of great annoyance and inconvenience to the patient and the physician as well.

These growths are frequently looked upon with little suspicion in the early stages when no particular inflammatory, ulcerative, proliferating, or painful symptoms present, and are frequently left from one to five years without attention, according to the rapidity of the development. Sooner or later, however, some of the above symptoms obtain to such an extent that the patient is driven to consult a physician as to the nature of the trouble. It is often the case that a patient is by this time in a failing state of health, and the tissues possess a low degree of vitality with but little recuperative power.

The symptoms of epithelioma are fairly uniform, but a complete and positive diagnosis can scarcely be made in the early progress of the disease without the aid of the microscope. It appears as a small,

warty, or nodular tumor, or a diffused thickening of the skin, which is characterized by nests of multiform epithelial cells, conical or pyramidal in shape for the most part, and concentrically arranged somewhat after the manner of the coats of an onion. These become crowded together, and the new tissue thus formed will after a time usually break down and form ulcers, which have hard, irregular borders, and little or no tendency to heal.

If a section of an epithelioma be scraped, often a gritty mass is obtained consisting of these nests of concentric cells, closely packed together, horny in appearance, and which are called epithelial pearls. These corneal layers frequently pile upon the surface, forming a hard nodule or kind of scab which can be peeled off, but is rapidly reproduced. Epitheliomata in which these pearls are a distinct feature, are frequently denominated horny or corneous carcroids.

The tumor cells of epitheliomata are descendants of the superficial epidermis, and also of the epithelia of the hair follicles, sebaceous and sweat glands located within and beneath the skin.

Many of these growths were believed by Virchow and others to originate in the connective tissues, but subsequent research and observation seem to abundantly prove the great majority to have their genesis in epithelial growth and proliferation.

The use of tobacco, and especially smoking, is thought to play an important part in the development of epithelioma upon the lips and about the mouth. The lower lip is the one usually affected, and generally that of a man who has made the most of this useless and filthy habit. They seldom appear on the lips of women, and the few notable exceptions have been those who have been addicted to the use of tobacco, usually inveterate smokers.

When these growths are diagnosed early, and in a position easily accessible, with abundant connective tissue surrounding, or on the lower lip which can be easily picked up and a considerable quantity of tissue sacrificed, excision offers a fairly good result. The growth, however, must be well surrounded by making a clean cut well into the sound tissues, so that the growth complete and its proliferating nests of epithelial cells are all included in the part removed. It is a difficult matter, however, to make an operation upon the face without leaving an ugly cicatrix or mark, which is usually very displeasing to the owner as well as the surgeon. Absolute coaptation and union by first intention are necessary; therefore, asepsis and proper suturing are to be carefully observed. The interdermic silkworm, where it can be used, serves a splendid purpose. The multiplicity of muscular fibers inserted into the skin of the face, which produce the multiform expressions of which it is capable, renders adhesive plaster dressings quite useless, as the edges are not held together, and granulation and cicatrization necessarily take place in the healing process.

In other locations where excision of a growth leaves a cavity to granulate, or destroys the appearance of the part involved, without a

secondary plastic operation to cure the defect, as upon the prominence of the face, an escharotic dressing seems to do the work best, and with less after effect, so far as cicatrix, mark, or liability to recurrence are concerned. The electric cautery may also be used with good effect in any of these cases, or in connection with the escharotic dressing.

Following are formulæ of escharotic dressings which will be found serviceable in cases applicable to treatment of this kind.

Arsenious acid and chloride of zinc are mostly used for this purpose in combination with such agents as limit or facilitate their action, or make them affect the surrounding tissue most kindly. R—Arsenious acid, willow charcoal, aa. gr. x; red sulphide mercury, gr. xl. M. Sig. Apply to surface to be destroyed until the mass hardens and is cast off. The mercury is frequently objectionable, and sometimes causes slight inflammation in the surrounding tissues. A better preparation is a paste made as follows: R—Hydrated sesqui-oxide of iron, q. s., throw on a filter paper, and when of the consistency of ointment, add an equal quantity of lard; to this add arsenious acid one half to two drachms to the ounce of the ointment. Apply to the part as above. Zinc chloride paste: R—Bloodroot powder, hydrastis powder, zinc chloride, each one drachm; wheat flour, ten grains. Mix with water and apply as before.

These formulæ are all reasonably old, and have been printed many times, but are still just as good and serviceable when required.

When these growths are destroyed by an application as above, and are cast off, a large ugly opening remains, the edges of which will fall in and close very rapidly if allowed, which is calculated to cause a pitting or depression when healed. To prevent this the cavity should be packed with absorbent cotton which has been lightly dipped in an ointment composed of vaseline, containing one drachm of oil of thuja to the ounce. This dressing should be changed once daily, using a smaller pack until the cavity is filled, when the skin will quickly cover it, and in favorable cases will scarcely leave a mark.

X-RAYS IN THE TREATMENT OF DISEASE.

By Wm L. Heeve, M. D., Brooklyn, N. Y.

THERE has been, from the first introduction of the X rays into medicine, a belief that this powerful agent would prove of practical value in the treatment of disease. Recent observations show that the curative possibilities of this form of electrical energy far exceed the expectations.

Great as is the interest which the X-rays have excited in the minds of the scientists throughout the world, still greater is the interest to the medical fraternity, as in its application in medicine lies its greatest field of usefulness to suffering humanity.

My first experience in the treatment of skin disease, cancers and cancerous ulcerations, were conducted with the ultra-violet rays, which we read so much about in the daily newspapers. The first reports of Prof. Finsen, of Copenhagen, with the violet rays in the treatment of lupus, were of great scientific interest. After thoroughly digesting the literature, both foreign and native, I began my experiments with an arc lamp of eight amperes current, and passed the rays through a column of cold water, thereby abstracting the heat (red) rays and allowing the violet rays to pass through convex lenses, bringing the light to a focus. The focus was directed to play upon a bull's-eye compression lens, applying this compression lens tightly on the part to be treated. After many months of careful experimentation I discarded the violet rays, and substituted the X-rays with better success.

I found that with the violet rays the sittings or exposures must be of at least thirty to sixty minutes duration, and the area to be treated could not be greater than one-half inch at each sitting. It was a slow, tedious treatment, and very expensive.

With the X-rays the area to be treated can be of any size, and the sittings are of ten to twenty minutes duration, with results far superior to the violet rays. The cures accomplished in practically every form of reasonably limited external cancerous ulceration are certainly marvelous, and it behooves the medical profession to offer to suffering humanity a therapeutic treasure of greatest importance, capable of relieving the agonizing pain, pitiful suffering, and robbing the grave of its victim. Day after day reports are being published in the trustworthy medical journals, extolling the marvelous cures in cancer of the breast, skin, etc.; still it is only in its infancy, and we are just beginning to learn its practical value. Heretofore we offered the operation with the knife and the painful chemical caustics, in the treatment of cancer, and then only with a possible cure in cases of the very earliest beginning, and if the cancer showed signs of spreading to the adjacent tissues, the only hope of the patient to end the suffering was a slow, painful path to the grave.

In spite of the great advances made in surgery in recent years, the attitude of the most experienced surgeons generally has been very pessimistic as regards the radical cure by the knife; but today we offer a method of treatment that will prove most welcome, not only to medical men but to those poor mortals suffering from that dreaded disease which has proved more fatal to our fellow beings in time of peace than the mauser bullets in time of war.

With the X-rays we have a method of cure which is painless; in fact it relieves the pain, as my patients state, after the first treatment. "The pre-existing pain is relieved, and life is again worth living."

In some cases improvement is noted immediately after the first treatment, but always after three or four exposures the pain is relieved, the discharge (if ulceration has occurred) lessens, the growth becomes

smaller, softening occurs, and gradually new tissue takes its place—not hard scar tissue, but soft tissue; the eventual cosmetic result is far superior to any that can be gained by ingenious plastic surgery. In cancer cases of long standing where extensive ulcerations have occurred, causing most excruciating pain, and large doses of morphine or other analgesics were required to subdue the pain, I have found the X-rays the most powerful pain reliever, and producing no nauseating or depressing after effects as morphine does. It produces a most beneficial tonic effect.

All this promises well for a new remedy in these hopeless conditions. Cures are being heralded from all parts of the world, and the time is not far off when we can say that cancers are no longer the dreaded "white plague," but with this form of electrical energy within our grasp, they shall cease to be the most dreaded of all diseases.

Rapid cures have been accomplished in the superficial cancers of the face, lips and skin. Some observers have reported cures with four or five exposures from a strongly actuated high vacuum tube. Cancers of the breast have been cured with 20 to 30 exposures of the same duration and tube.

Patients will be encouraged to place themselves under the X-ray treatment much sooner than has hitherto been the case, as the terrors of the knife and the horrors (so-called) of the anesthetic will be relegated to the depths of oblivion.

How often have we as physicians witnessed the slow onward path of our patients—yes and some of our most dear ones—when the hand of malignancy struck home. We stood by helpless, utterly impossible to allay the suffering or stay the hand of death. Our fathers in medicine offered the powerful caustics and it required an iron-bound constitution to stand the onslaught of pain produced by caustic chemicals, but still the percentage of cures by this most painful method was less than ten per cent. Then came the radical operation by the knife; still the percentage of cures is only about twenty-five per cent (Coley, Therapeutic Gazette, Feb., '02), and then only in the early stage of cancerous formation.

The field of usefulness of the X-rays is not limited to cancers, but some of its most wonderful cures have been accomplished in old chronic ulcers of the leg, indolent ulcers, etc. The stubborn cases of chronic eczema and allied skin diseases and lupus, also tubercular joint affections have been cured by this most wonderful remedy. The localized eczemas surrounding varicose ulcers, or indolent ulcers producing intense itching, burning and smarting pains, are immediately relieved by the first few exposures. Rheumatic joint and gouty conditions are cured with five or six exposures.

Cancers of the uterus and stomach have also been cured, but in this class of cancers the treatment must be with high tubes and exposures of twenty to thirty minutes; the first five or six exposures must be of short duration, until the skin becomes accustomed to the action of the rays.

We hear the laity speak about X-ray burns, and expressing fear; but during all my experiments, sometimes being exposed directly to the rays of many hours duration, I have never received more than a condition the same as we receive when exposed to the sun during the summer, a mere "sun-burn" or dermatitis. There is absolutely no danger in the exposure to the X-ray when it is scientifically applied. In two cases I exposed large areas of skin (having eczematous eruptions) until finally the entire skin peeled off without pain or discomfort, and the new skin which formed was as soft as velvet and without a spot or blemish.

In my dispensary and private practice I have cured several cases of cancer—one that was refused operative treatment by several surgeons. During the winter I cured a case of cancer of the lower jaw, involving the bone, which was operated upon, but failed to heal, and after a few month's treatment with X rays it was entirely healed, with good cosmetic results. Last January I treated a patient suffering from multiple cancers, involving both breasts, armpits and neck. She presented a most pitiful sight, and was taking six grains of morphine daily, as the pain was excruciating. She received three exposures weekly, and after the third week no morphine was taken, and she passed her last two months on earth in comfort, having no pain, and was able to take food until the very last hour. The results in this case gave me great pleasure, and I believe if she had been "rayed" about eight months ago, that is, when the general system was not affected, we would have had a cure.

The day is too early to prognosticate the virtues of the X rays, but I am confident that it will be the only treatment in cancers and allied malignant growths, in the future.

The treatment by the X-rays requires special knowledge, which has no relation to the study of medicine of the present day; it is an art which requires special study and experience. It is a sad and deplorable fact that few physicians understand electricity sufficient to apply it scientifically to medicine, but nevertheless it is the truth. The X-rays fell for a time into general disfavor for purposes of diagnosis, and so it will with untrained hands in the treatment of disease, if it is to be employed by the inexperienced. When it is fully realized that electricity is to fill a great place in the medicine of the future, then, and not till then, will the medical colleges give it the recognition it deserves.

PULSATILLA.

By M. V. Huffman, M. D., Belle Plaine, Kans.

HAVING been a reader of your valuable Journal for upwards of thirty years, and never having seen anything in it as to the value of pulsatilla in chronic catarrh of the stomach, I desire briefly to call attention to the subject. I have been treating quite a number

of cases that had gone the rounds without any apparent benefit, and after trying all the different remedies recommended for such cases without giving even temporary relief. As pulsatilla was said to be indicated when the patient was melancholy and felt as though life was not worth living, tongue coated heavily, with dark brown in the center, tip and edges red, with fullness and pain in stomach after eating; sometimes vomiting after meals of a yellowish slime and mucus. After vomiting they would have a burning sensation in the stomach, almost past endurance. They would experience such dizziness that they would have to lie down for a while. As we said above, we tried every thing that was recommended for such symptoms without any apparent benefit; and as all seemed so depressed and discouraged that we thought we would put them on sp. pulsatilla 3*iv*, aqua pura q. s. 3*iv*. M. Teaspoonful before each meal. R—Sp. echinacea 3*iss*, aqua q. s. 3*iv*. M. Teaspoonful after each meal.

Now this was all empirical, as we never saw them recommended for catarrh of the stomach. After taking the first prescription they returned, saying it was the first medicine that gave them any relief, and they wished I would make that green medicine a little stronger, as it made their stomachs feel so good. So we increased the pulsatilla gradually to 3*j* to four ounces of water, and we only had to give to the worst case five prescriptions; and they are at their work again on the railroad. Now we are not writing this to get our name in print, but to call attention to those two medicines in this line of diseases.

THE INDICATED REMEDY.

By J. S. Niederkorn, M. D. Versailles, O.

TO read in print that which would in the experience of others, prove to be specific indications for any remedy, seems to be all right enough, and seems probably no difficult matter to retain in mind for use at some future occasion; but with this should go the assurance that the case in hands should be the standard of judging which remedy would be the appropriate one, the experience of others along the same line confirming, or not, the selection. If it is said that under certain conditions a given remedy might be given, a reasonable doubt of definiteness and certainty will, or could most naturally arise in the mind of the physician; but, if it is said that under certain existing conditions a given remedy is indicated, then the physician does not hesitate nor need to waver in making his selection. It is all in the doing of it and knowing how, backed up by the repeated experience of it, of course not neglecting to carefully examine the case as it should be examined.

Probably it is this neglect of examining our cases that is the cause of most of our failures with our remedies, more than the remedy itself, and I feel like adding emphasis to this. Is it not a fact that many of us can recall instances, where if we had exercised more care, the

results would have been more satisfactory and the desired end been attained quicker? And if this fact is acknowledged, again the remedy is not hard to find. We learn from our own experience as well as the experience of others; coupling the two should about make us as near, I will not say infallible but a condition akin to it, as our present knowledge of pathological conditions and remedies will permit.

Then, too, instances frequently arise when our examination was thorough and the seemingly indicated remedy prescribed, yet results were nil. Here is where the not thoroughly initiated finds cause to entertain a doubt as to the certainties in medicine, yet if it is borne in mind that the stage of absolute perfectness is not yet reached so far as concerns the medical field, it will prove an encouraging stimulus to try again and look further.

Mrs. F. aged 68, takes suddenly ill with intense gastric pain, with copious vomiting of yellow, sour water, persistent nausea, in fact so thoroughly nauseated that a feeling of faintness, was constantly complained of. Not before 48 hours had elapsed did the pain and actual vomiting cease, though extreme nausea and retching persisted. The mention of any kind of food, the sight of fruit, water or tumbler, the smell of food cooking, would bring on or aggravate the nausea, and in spite of my best efforts and attention to relieve, this condition continued for two weeks. I carefully watched and studied my case, was careful in the selection of my remedy and careful in the many details usually accompanying treatment; in fact I gave the case the best I had or knew how, still my patient did not get better. Nausea, restlessness and no sleep for over three-hundred hours, enough to discourage the most enthusiastic, and things did not look flattering for my patient. Reading along the pages of different medical books, I finally took up "Nash on Leaders in Homeopathic Therapeutics," and found what I thought I wanted under Colchicum —the smell of food cooking nauseates to faintness.

Instantly it occurred to my mind that some time previous to this I was told by a homeopathic physician not to forget Colchicum when I found this condition, but I had forgotten it, though my patient complained just in the manner described. The 200th potency was advised and another said the sixth, and neither was in my medicine case. So I added one drop of specific tincture colchicum to ninety-nine drops of alcohol, agitated this thoroughly, and of this I added ten drops to one-half glass of water, and ordered a teaspoonful to be given every half hour. After taking four doses, my patient went to sleep, slept twenty hours, awoke refreshed, and whilst there was still some nausea, this however soon passed away under the continued administration of colchicum as prepared, and the case went on to rapid convalescence. Manifold lessons could be learned from this—certainly this incident will not be forgotten.

Mrs. F. aged 50, was suffering from what the attending physician diagnosed as acute gastritis. Pain, nausea and vomiting were

the leading symptoms, and to relieve which he had administered one-fourth grain morphia hypodermically and repeated the dose in two hours. At the end of another two hours patient was not improved and counsel was sent for. He advised another hypodermic of morphia, which was done and repeated in two hours. They left powders composed of arsenite of copper and calomel triturate, with instructions that one be given every hour. It so happened that this patient could not tolerate the effects of morphia, and whilst pain was considerably relieved by next morning, intense nausea and vomiting remained. How much of this was due to morphia they could not determine, and when I saw her on the following day, this condition was so persistent that physicians and family were becoming greatly alarmed. I suggested hydrocyanic acid, basing my choice of remedies on these conditions: —gastric pain and tenderness, tongue was clear, though elongated, very pointed with tip and edges decidedly reddened. They could not see it that way, and again were going to resort to the hypodermic use of morphia, when the family intercessed with the request that my suggestion be tried. So five drops of the dilute hydrocyanic acid were added to one half glass of water and a teaspoonful of this solution was given every hour. After ten hours patient was considerably relieved, and on the following morning all pain, vomiting and nausea had ceased, and convalescence was rapid.

Again we learn divers lessons from this—if the attending medical gentlemen possess unprejudiced and free minds, certainly they can not altogether ignore the results obtained from the use of one remedy, selected because of the described indications.

How colchicum and hydrocyanic acid influenced these respective cases I am free to confess—don't know.

APPENDICITIS.*

By A. B. Young, M. D., Brownsville, Tenn.

IN the discussion of this topic, I shall only speak of the treatment of appendicitis from a surgical standpoint, as I believe this to be the most rational and successful mode of treatment of this, one of the most formidable diseases of the alimentary tract.

I am led to this belief by actual experience, though very limited in the treatment of appendicitis, and by reading many excellent authorities on this subject, such as McBurney, Murphy, Nyeth, Deaver, and our own Dr. L. E. Russell and others. All of whom tell us that appendicitis is strictly a surgical disease, and that with early operation 99 per cent. will recover, while with other treatment, without the operation there will be a loss of life of at least 20 per cent. In fact I believe that the operative treatment of appendicitis, is now conceded by all authorities, to be the only rational and successful treatment of this disease.

* Read before the Eclectic Medical Society of Tennessee, Nashville, May 30, 1902.

Appendicitis is an acute infectious, exudative inflammation of the veriform appendix, which is prone to necrosis and perforation as the result of its pathology. Various causes may be ascribed to the production of this disease. At present two classes of causes of appendicitis are recognized, viz., the predisposing and the exciting. The anatomic structure of the appendix, is probably one of the foremost predisposing causes of this affection. The appendix is a narrow, undeveloped, functionless, musculo-membranous tube, of variable size and position, lined with mucous membrane, ending in a blind extremity; the blood supply is limited, consisting of one small artery with no anastomosis. It is therefore an organ of low vitality, and when attacked by inflammation is more liable to progressive destructive processes.

Age is said to be a predisposing cause of appendicitis, the disease being most common in those between the ages of ten and thirty years. This may be attributable to the disturbances of the gastro-intestinal tract of the young, caused by indiscretions in eating.

As to sex, males are more prone to the disease than females; the reason assigned for this is that females are supposed to have a greater blood supply, and much smaller appendices than males. Another predisposing cause is exposure to cold and wet, as the same causes that are productive of catarrhal inflammations elsewhere may be equally active in the appendix.

The exciting causes of appendicitis may be named as the invasion of muco-organisms, acute indigestion, the introduction of foreign substances into the lumen of the appendix, such as cherry or grape seeds, pine, faecal concretions, etc. But many authorities adhere to the theory that all cases of appendicitis are directly due to the invasion of certain micro-organisms.

The diagnosis of appendicitis is ordinarily quite simple, when the three cardinal symptoms of abdominal pain, tenderness, and rigidity are present. Other symptoms are elevation of temperature, small quick pulse, vomiting and a tendency to flex the leg upon the abdomen to relieve strain or muscular tension; then with sudden onset of acute abdominal pain, with or without vomiting, occurring in one previously well, probably after eating something, with unilateral rigidity of the lower abdominal wall, and tenderness over the site of the appendix, the diagnosis of appendicitis is warranted.

The ushering in of an attack of appendicitis may very closely simulate colic or acute indigestion, with the pain often extending over the entire abdomen. But in appendicitis the general abdominal pain, and tenderness on pressure, soon become localized in the right iliac fossa, pointing to the inflamed appendix, when we should at once suspect the presence of more serious trouble than simple colic or indigestion.

Tenderness on pressure is one of the most important and constant signs on which to base a diagnosis, as it is always present, and elicited

by simple pressure of the tips of the fingers over the affected part. This with rigidity of the abdominal muscles, and tumescence in the right ilio-caecal region makes the diagnosis of appendicitis quite certain. However, if the initial symptoms have been masked or concealed by the injudicious use of opium, we may fail to make a correct diagnosis.

The prognosis of any case of appendicitis will depend more upon the form of treatment instituted at the onset than any other factor. If the appendix is skilfully removed within 24 or 48 hours from the beginning of the attack, the prognosis is favorable, and nearly all cases will recover. If however the opium treatment is resorted to, an unfavorable termination is more likely; while there will be an apparent amelioration of symptoms under this treatment, the chances are that the physician will awake to the fact, that the disease is progressing rapidly, and that his patient is being speedily wafted into the next world. If it is true that some cases may seemingly or entirely recover by judicious medical treatment, but the course of the disease is so variable that one cannot say positively, or even with a slight amount of assurance, what case will recover so long as the diseased appendix remains in the abdomen.

In the treatment of this disease, as stated in the outset of this paper, I take the position that appendicitis is a surgical affection and should be treated as such; as the best results in all cases under my observation have been obtained by the removal of the appendix in the beginning of the attack, or as soon thereafter as possible. We are told that in this affection, early operation is a conservative and not a radical procedure. The main point to consider then is, shall we risk the patient's life, or shall we accept the established rule of modern authorities, and remove the appendix in its incipient inflammation? Delay may be dangerous, for we have before us the probable consequences of suppuration, gangrene and perforation, with diffused septic peritonitis, and death to the patient.

The proportion of cases having but one attack of appendicitis and remaining perfectly well after its subsidence, is so small, compared with those having repeated attacks, with an interval of invalidism, that we should not allow the rare exception to interfere with the fixed rule of all surgeons of today, viz, that where practicable all cases of appendicitis should be operated upon as soon as the diagnosis has been established. Of course we do not include cases that have reached the state of collapse, where an operation can promise nothing. In those cases in which, for some reason, the operation was not performed in the first stages of the disease, and the patient apparently recovers, but has recurrent attacks, the appendiceal inflammation becoming chronic, the appendix should be removed between the attacks, when the disease is more or less quiescent. The operation can then be performed with a minimum risk to the patient's life. .

If pus has formed in an attack of appendicitis it should be re-

moved as soon as possible, but if extensive adhesions have formed, deeply inbeding the appendix in a wall of lymph, and subjecting the cæcum to gangrenous perforation, with consequent faecal fistulae from pressure of the purulent collection against its walls, the removal of the appendix should only be attempted by the most skillful hands, and for the occasional operator it is far better and safer that he content himself with the simple evacuation of the abscess cavity, and after affording proper drainage, the wound may be partially closed or left open to facilitate drainage, and heal by granulation, and should it become necessary, the appendix may be removed at some future time and the operation made complete, with much less risk to the patient's life.

We prepare the patient for operation as follows. If the exigencies of the case will allow, we give a general bath of hot water and soap, rinsing off with boracic acid solution. The immediate site of the operation, and surrounding skin, are to be shaved to remove all dirt, hair, and dead epidermis. The abdomen should now be scrubbed with aseptic soap, hot water and a soft brush, paying particular attention to the umbilicus; this is followed by successive applications of ether or alcohol to remove any fatty material present. Lastly after anesthetization, with chloroform or either, as best suits the patient, and the arrangement of sterilized sheets, towels, gauze etc., the abdomen should again be washed in a 1-2000 bichloride solution; we are now prepared to go on with the operation. The two incisions most suitable for the operation of appendicitis, are known as the simple and the McBurney incisions, which go through the abdominal wall to the right of the median line. But for the sake of brevity I will only describe the simple incision, this being the one best adapted to all cases, and most commonly practiced. This incision divides the layers of the abdominal wall in the same longitudinal line. Beginning at a point a little above an imaginary line drawn between the anterior superior iliac spine and the umbilicus, the incision intersecting this line a little to the outer side of its center, known as McBurney's point. The incision down to the peritoneum, should be about three inches long. All bleeding should be controlled before opening the peritoneum. The incision into the peritoneum should at first be about one inch in length or simply large enough for the insertion of the index finger; through this incision the cæcum can be picked up and brought out, and with it the appendix. The appendix is to be ligated with a cat-gut ligature and amputated with a pair of scissors, and the cæcum with the invaginated stump of the appendix are then returned to the abdominal cavity. If the cæcum and appendix be bound down by adhesions, or if pus be present, the peritoneal incision should be enlarged, as it is better to have plenty of room in which to work.

In pus cases we are to guard against infection of the peritoneum by the careful arrangement of sterilized gauze, thus walling off the field of operation, and washing out the abdominal cavity with peroxide of

hydrogen, and hot saline or boracic acid solutions. We arrange for drainage by the introduction of a gauze, rubber or glass drainage tube. The peritoneal opening is closed by continuous catgut sutures, and the abdominal wound is closed by interrupted sutures of silk worm gut, placed one-third of an inch apart, starting at the lower end of the incision and including all the layers, or by blind sutures uniting the different layers separately, using uninterrupted sutures of catgut for the muscles and fascia, and silk for the skin wound. The dressing for the wound consists of a layer of iodoform collodion, and a strip of iodoform gauze, over which is laid pieces of sterilized gauze, and the dressing completed by placing a pad of aseptic absorbent cotton over the wound, retaining the whole in place by strips of adhesive plaster. This keeps the parts dry, and guards against sudden tension on the wound from muscular traction due to coughing, straining, etc.

The after treatment is of very great importance, and should receive careful consideration, but I will not discuss that point, as this paper has already grown too long, and I wish to report two cases, selected from a number of cases operated upon for appendicitis in which I have been connected.

These two cases are interesting, in that they will suffice somewhat to show the two extremes of age, that are sometimes attacked by appendicitis, and which may be cured by prompt operation.

The first case is that of a little boy only 5 years old, operated upon for appendicitis Nov. 27, last. This case was one of more than ordinary interest, in that the boy was the only son of a brother physician of our town. The little fellow was suddenly attacked at night with colicky pains in the lower bowels, which were relieved for a time by the passage of gas, and the action of castor oil, and enemata. But the next evening the attack was renewed, with high temperature, quick pulse and short quick respiration, added to the intense pain in the bowels, which became localized in the right iliac fossa, with great tenderness on pressure in that region, with unilateral rigidity of the abdominal muscles of the right side, and tumescence over the appendix.

The child's father becoming alarmed, he hastily called myself and several other physicians into consultation. The disease was diagnosed appendicitis, with broncho-pneumonia as a complication. We decided to remove the appendix, but the patient seemed to get better that night, and the operation was deferred until the next day, which was the third day from the beginning of the attack. The child grew worse; an incision was then made over the tumor, about three inches in length, and upon reaching the appendix it was found to be gangrenous, surrounded by pus, and very much distended with pus on the inside. The appendix was ligated with a catgut ligature close to the cæcum and cut off; it being so frail that it ruptured from the mere handling in removal.

The abdominal cavity was washed out with peroxide of hydrogen and hot saline solution; a rubber drainage tube was introduced, and the wound was closed and dressed in the usual way. The little fellow rallied nicely, and the operation was a complete success. But for three or four days after the operation it looked like the child would succumb to the lung trouble; the temperature and pulse were excessively high, and breathing was very difficult, but with proper treatment along this line, the boy fully recovered in about three weeks, and had no further trouble.

The second case was a very thin, delicate lady, 62 years of age, who had an attack of appendicitis on March 15th last. I was called into consultation by the attending physician, and to assist in the appendiceal operation on March 17th, two days from the beginning of the attack. The symptoms at that time were as follows: Temperature $102\frac{1}{2}$, pulse 110, bowels very much distended, with rigidity of abdominal muscles, and right leg flexed on abdomen; acute pain, with great tenderness on pressure, and tumefaction over the right ilio-caecal region. At the beginning of the attack there was constipation and vomiting of much ugly liquid matter. A diagnosis of appendicitis having been made and concurred in, we decided to operate at once.

An incision three inches in length was made over the tumor and appendix, and upon opening the peritoneal cavity it was found to be filled with a serous effusion, which spouted from the wound like a fountain. The appendix was found to be highly congested, and a wide-spread inflammatory condition prevailed. A silk ligature was thrown around the appendix close to the colon, and it was removed. The serous effusion was drained off by tilting the patient to the right, and by swabbing out the cavity with pledges of sterilized gauze; a gauze-wicking drainage tube was inserted, and the wound was closed without irrigation.

In 48 hours after the operation the temperature and pulse had dropped to normal, and the patient made a speedy recovery, and she is now up and attending to her household duties with little or no discomfort.

SCORE ANOTHER FOR THUJA.

By C. D. R. Kirk, M. D., Shuqualak, Miss.

IN the August Journal Dr. Andrews writes, "A New Use for Thuja," which reminded the writer of his success with it in several cases, the nature of which has not been described in the E. M. Journal nor elsewhere.

A man brought a child, about two years old, to my office for treatment, and stated that its bowels had been protruding for several days. The bowel was prolapsed and inverted for at least an inch and a half, red, swollen, and very tender and painful to the touch. My treatment of such cases before that time had not been very flattering, as it

consisted of sugar of lead and sulph. zinc solutions mixed with other astringents; therefore, I concluded to venture on other treatment, and try sp. thuja in solution of such strength as would not irritate. I prepared an eight ounce vial with about 25 per cent. thuja, directing that the parts be thoroughly washed with hot water three times a day and an old linen cloth folded several times applied with a bandage and kept wet with the thuja solution. I redressed the protruding rectum and had him to dress it before leaving. I did not hear from the patient for quite a while, but was delighted to learn that there had not been any more protrusions, and the child was believed to be perfectly well.

In looking over medical journals for treatment of prolapsed bowels we are not a little surprised to learn that every writer has his own plan and all successful, but when we try a few of these successful plans of treatment we will find that at least eight tenths of them are by no means satisfactory, and all of the surgical operations for its relief are very painful and very often not a success only in the way of fees. I am sure that specific thuja will give better success than any remedy now known to the profession, and I make this bold assertion after using it for several years.

A gentleman about 60 years of age, very fat, called me to examine him, as he said he had a little case for me. I pronounced it quite a large case, a hydrocele of eight years, containing over a half gallon of water. After tapping and drawing off the large quantity of water, I injected four ounces of a mixture of two drachms of thuja to four ounces of water, which was carefully kneaded. It caused a good deal of pain, which soon subsided, but in a few days the testes became tender and rapidly filled the scrotum again, but subsided in the course of a week or ten days, leaving the scrotum of natural size, which has remained well. Believing that the solution injected was too strong, I would suggest only a drachm of thuja to four ounces of water for hydrocele treatment.

SPECIFIC USES OF PILOCARPINE.*

By W. E. Klanett, M. D., Yorkville, Illinois.

PILOCARPINE, the active principle of pilocarpus pinnatus—jaborandi—is one of our very best remedies. It is one of the best, if not the best remedy we have to eliminate morbid material from the system. In fact, I know of no drug or combination of drugs that will so quickly, thoroughly and safely remove the engorgement of the whole system as will pilocarpine. It has been recommended for various and many ailments, but mostly it has been prescribed at diseases instead of looking for specific indications for its administration. After reading of so many fatalities following its use, and its depressing effect on the heart, I was afraid to use it, and it is only during the last five

* Reprinted from Transactions National Eclectic Medical Association, June, 1901.

or six years that I have used it to any great extent, and the more I use it the better I like it. In conversation with many of my colleagues I find that many have never used it, some use it seldom and others occasionally with no definite purpose except that they have learned that it will produce copious diaphoresis. In studying this drug I have learned many indications for its use.

Pilocarpine, as it appears in the market, is in white odorless crystals, with a slight bitter taste; soluble in water and alcohol, but sparingly soluble in chloroform and ether.

It is "specifically" indicated where we have a dry, hot skin, dry and parched mouth, pulse full and strong, kidneys not able to perform their work, and the patient restless and uneasy.

This drug must never be given where the pulse is weak and feeble, but is a safe and efficient remedy where the pulse is full and strong. Whenever we are called to prescribe for a patient with the above symptoms, pilocarpine is a safe and powerful remedy.

Given, a case of acute articular rheumatism with the above symptoms, pilocarpine is probably not equaled by any other remedy. The intense pain is often permanently relieved in fifteen minutes with one full dose of the remedy. From the most intense forms where the tissues are swollen, hot and painful, to the more passive cases where the parts are swollen and stiff, but little pain, there is nothing else that I know of equals it for promptness of action in relieving these distressing symptoms. There is not always redness of the parts in these cases; in fact, the parts may be pallid and painless, though the joints may be swollen and stiff. Where we have the severe pain with heat, redness and swelling, with full and bounding pulse, use it in full doses and you will not be disappointed. It is a more positive sedative than gelsemium and veratrum, and as good an antispasmodic as gelsemium and lobelia.

The drug is one of our very best remedies in obstetrical practice, where we have a rigid os and soft parts. In many cases and in fact most cases, parturition does not progress favorably until diaphoresis occurs. Given, a case with rigid os and soft parts, the skin dry and the patient restless and uneasy, give pilocarpine hypodermically and soon the patient will begin to perspire freely, become more restful, and on examination you will find the os dilating nicely with each uterine contraction. Using this remedy in these cases, you will find that you will have but little use for chloroform and the forceps.

In diseases of the skin, where we have a dry and hot skin—in fact, in almost all diseases of the skin, and they are legion—pilocarpine given for some time, the skin becomes softer and more yielding by its action on the glands.

Remember, its action depends upon its specific indications—dry, hot skin, dry and parched mouth and restlessness, the kidneys are not able to do their work.

In cases of uremic poisoning, we have in pilocarpine a sheet anchor,

and if the patient is not too far gone with the disease, it will cure, by eliminating the deleterious material from the system.

In alcoholism this drug has a wonderfully sobering effect, and can be administered hypodermically. After sleep the patient is perfectly rational and subdued, a consummation of no little import, since it renders them amenable to moral influences. The transformation in the physical appearance is marvelous. The tense, red, bloated countenance, the bleared, congested eyes, and general repulsive facial aspect pass away. The skin looks pale, clean and soft, the features calm, and the eyes clear.

This is recommended for baldness, or as a preventive of baldness, and it is stated that "one grain to one ounce of vaseline, applied to the scalp will prevent baldness." This is worthy of trial to some of us.

A case is given of secondary syphilis in a male, aged about 25 years, who had complete alopecia—had neither mustache, eyebrows, nor hair on the scalp; was successfully treated by this drug. One-fourth grain of this drug was given hypodermically every Sunday morning for two months, then every other Sunday morning for two months. At the end of the fourth month he had a fine growth of hair and eyebrows, also a heavier mustache than before he contracted the disease.

This remedy has been administered in hiccough with the happiest results. A man who suffered for three days from hiccough under the care of three other physicians, and was almost exhausted, either from the disease or the treatment; a student of mine was called in and relieved him in five minutes, with an eighth grain of pilocarpine hypodermically.

In convulsions pilocarpine has no equal. It is impossible for a patient to have convulsions after a full dose of pilocarpine. Perhaps a few cases will prove educative as well as entertaining.

I was called to treat a boy about seven or eight years old, who had convulsions. I found the boy with all the usual symptoms of convulsions. The mother informed me that the boy had not been sick until within a few moments of the attack. The patient's face was flushed, eyes rolled upward, fists clenched, pulse full and bounding, body rigid. I ascertained that they had had company that day and, as is usual, had an extra supply of goodies, consisting of fried chicken and green corn, of which the boy—as all boys are—was especially fond, and had eaten unstintingly, and after dinner had gone out to the grape arbor and finished up on grapes for dessert. I then examined his stomach and found that it was incapable of any further extension or anything else. I gave the boy 3-16 grain of pilocarpine hypodermically, and in two or three minutes his muscular system began to relax, perspiration and ptyalism were extreme, the boy vomited freely, his bowels moved freely and he urinated freely, all within five minutes, and he recovered within half an hour.

After this I read of a very similar case as follows: "Was summoned hastily, about 12 o'clock at night, to a child suffering from convulsions. Found the patient with hands tightly clenched, head

thrown back, eyes rolled upward, apparently gazing into space, general muscular rigidity, tongue heavily coated at the base. I said to the mother, your child has eaten something that it cannot digest. She was positive that it had eaten but little for a day or two, as it had but little appetite. I felt sure that it had, as it was about four years old, and could have done so without her knowledge or consent. I gave hypodermically $\frac{1}{2}$ grain of pilocarpine, and took a seat awaiting results. In about two minutes its muscular system began to relax, and in one minute more perspiration began around the neck and on the forehead; in two minutes more he began vomiting, and vomited a large quantity of raw sweet potato peelings he had gathered from the swill pail, intended, no doubt, for the pig. The vomiting was easy and thorough and the sweating and ptyalism were immense. The object in relating these cases is to show what pilocarpine will do in case of convulsions caused by indigestible material in the stomach, also the rapidity and thoroughness of its action.

Another case from the same source: "Was called to treat a man who had been working in a low, marshy bottom land, and had contracted malarial fever. His temperature was 107°, pulse 140, full and bounding. He stated that he had not an action from his bowels for three days, nor voided urine for eighteen hours. I gave him $\frac{1}{2}$ grain of pilocarpine hypodermically, and within three minutes ptyalism became profuse, perspiration stood in great drops on his neck and forehead, and the whole body was bathed in profuse perspiration; the face and skin became extremely red before perspiration began, but soon paled as the perspiration advanced. In two minutes more he asked for the bed-pan, and passed a large quantity of urine, highly colored, with offensive odor. Soon after this he began vomiting; vomited freely and easily a large quantity of, what in former years, would have been called bilious matter. One thing noticeable in the vomiting from pilocarpine, it is more of a regurgitation, as the stomach seems to empty itself without the usual straining, as from other emetics. Inside of two hours the patient's bowels moved freely and copiously, the discharge was of a 'bilious character.' I should have mentioned that the patient had a decided jaundiced appearance, conjunctiva and skin were of a decided saffron color. You will have noticed that the dose— $\frac{1}{2}$ grain—was large, but the condition of the patient warranted active measures, and in two hours more was accomplished with one large dose of pilocarpine than could have been accomplished in three days with the ordinary cathartics, emetics, diaphoretics and diuretics. The patient was thoroughly cleansed, all morbid material eliminated, glandular system active, tongue moist, skin moist, and the patient was ready for anti-periodic doses of quinine."

We might multiply cases to show the action of pilocarpine as an eliminator, but these presented are sufficient. If you have not used pilocarpine, begin its study, note the symptoms, and the results, and I think you will agree with me that it is one of our very best drugs.

WEST VIRGINIA STATE BOARD QUESTIONS.*

Chemistry.--I. What are the general properties of matter?
 2. Define valence and specific gravity.
 3. What do the terminations, ic, ous, ide, ite and ate signify?
 4. What is osmosis, analysis, synthesis, deflagration oxidation and carbonization?
 5. What is the usual mode by which a soluble salt is obtained in crystallin form?
 6. Mention tests for calcium and how is calcium phosphide prepared.
 7. What is the composition of water and what impurities are found in various forms of water?
 8. What are amines and what are amides?
 9. Give tests for copper compounds, mercury compounds and iron compounds.

Practice.--1. Symptoms and treatment of typhoid fever .Treatment of uncomplicated case, and of important complications.

2. Differentiate biliary, intestinal and renal colic and treat each.
 3. Describe the murmurs of aortic stenosis and aortic regurgitation of mitral stenosis and mitral regurgitation.

4. The usual factors in the production of acute and chronic parenchymatous and chronic interstitial nephritis. Describe symptoms, morbid anatomy and the urine in each case.

Symptoms and treatment of acute gastro-duodenal catarrh. Chronic intestinal catarrh. Diagnosis and treatment of syphilis in its successive stages.

Anatomy and Pathology.--1. A gun shot wound extends from $\frac{1}{4}$ inch above the anterior superior spinous process of the ilium on left side, to a point $\frac{1}{4}$ of an inch to the right of the spinous process of the first dorsal vertebra. Give all the anatomical points touched by the bullet in the passage.

2. Into how many classes are the bones of the human body divided and why is each class necessary?

3. Give the pathological anatomy of a hyperæmia superinduced by a foriegn body, also the difference between active and passive hyperemia. What is collate hyperemia?

4. Give origin,foramen of exit, distribution, and functions of the 10th cranial nerve.

5. Give pathological anatomy of a dermoid cyst.

Surgery.--1. Describe a case of facial erysipelas and treat it.

2. Burns and scalds. Into how many classes may they be divided? Give symptoms, local and constitutional treatment for each.

3. Pott's fracture, describe it, also its treatment. Describe the process of repair of bones.

How would you differentiate cystitis from prostatitis? Give some of the causes producing the latter diseases and its treatment.

5. Hernia, how many kinds are there, their location, manner of reduction where it is possible. Describe the operation fully where reduction is not possible.

Physiology.--1. Describe functions of blood and course through heart.

2. What are the corda tendinae, and what functions do they perform?

3. Why do we breathe? What sounds are heard on listening to the chest? Where is the respiratory center located?

4. Make a drawing and describe the kidney, with special reference to size, weight, etc. How much urine is ordinarily secreted in 24 hours? State specific gravity of normal urine and the time of day when the maximum and minimum secretions take place.

5. What is the chief solid of the urine, and how much excreted in 24 hours?

6. What is glycosuria? Give in detail a reliable test for albuminuria, also one for diabetes mellitus

7. Describe the results that would be produced by a lesion of the cervical part of the spinal cord.

*These lists were furnished us by Dr. H. Edwards, E. M. I. 1903.

8. What nerve supplies the tip of the tongue and what portion perceives taste best?
9. How many groups of foods necessary for the maintenance of health in man? What substances make up these groups?
10. What effect has the withdrawal of all forms of food stuffs, with the exception of any one particular class, upon nutrition?

Obstetrics and Gynecology.--1 How would you proceed to deliver an adherent placenta.

2. Give causes, symptoms and treatment of pelvic peritonitis.
3. Name 3 eruptive diseases of the vulva, and write a prescription for each.
4. What are the causes of complications, duration, physical signs and treatment of female gonorrhœa?
5. Give indications and contra-indications to performing version.
6. When would you give an anesthetic, and why?
7. When would you use forceps, and why?
8. What would you do in a case of post partum hemorrhage?
9. What is puerperal fever? Give causes and treatment.
10. Write a prescription for dysmenorrhœa, amenorrhœa, metrorrhagia and vomiting in pregnancy.

Materia Medica.--1. Give common and official name of podophyl-lum. State whether annual, biannual or perennial. Give preparation, doses and uses. Discuss the difference between its action and that of calomel.

2. What is the common and official names of hydrastis? State whether annual or perennial. Give preparation, doses and uses.
3. Belladonna, names, preparations, doses and uses. What form is used hypodermically.
4. Juglans, classify, common and botanical names, preparation, doses and uses.
5. Common and botanical official names of aconite preparations, doses and uses.
6. Common and official names of black snake root. In what diseases is it especially indicated; preparation and doses.
7. Ipecac, official name, preparations, doses and therapeutic action.
8. Leptandra, common name, preparations, doses and therapeutic action.
9. Write a prescription for chronic rheumatism and dose.
10. Write a prescription for chronic bronchitis and dose.

ECLECTRO-THERAPEUTICS.

By J. R. Spencer, M. D., Cincinnati, O.

[Continued from page 491.]

DOSAGE OF ELECTRICITY.--Those who have a good knowledge of the laws of resistance, conductivity, and of Ohm's law, will be better able to master the subject of the dosage of electricity. Experience and judgment are very necessary to the success of the electro-therapeutist in his work. More patients will improve rapidly under the use of mild currents for a longer period of time, than by the use of strong currents for a short time; but occasionally the reverse is true. The fact that the human system in general will react to electricity with a much greater variableness than to any known drug, should be remembered, and its effects closely observed. This peculiar idiosyncrasy need not be noted in electro-surgery, as in the latter certain local effects are required, and a certain force will be necessary to accomplish the desired end. However, the careful, observing physician will soon be able to solve many of the different problems

that present themselves in the treatment of disease by electricity. He already understands the expressions of disease, and sees at a glance whether or not a patient is improving under a certain plan, and his judgment will decide to him what course to pursue; but the young physician will not be able to succeed so well without an instrument by which the dose can be measured. That instrument is known as the milliamperc meter. It is used with the galvanic or continuous current. It is almost as important to the beginner as are scales and graduates as a means of determining the dose of medicine. This instrument relieves the operator's mind of all fear of using too strong a dose, and thus injuring the patient. A milliamperc meter will show exactly the number of milliamperes that completely pass around any circuit in which it is placed. This will depend upon the amount of resistance offered by that circuit. This can be better understood if the following illustration be considered:

If a current from a certain battery were sent through the body of one person, and the milliamperc meter would register 15 milliamperes, and then if two persons were placed in the circuit and the instrument would only register 10 milliamperes, it will be plain to any one's mind that while the current of electricity generated by the battery in both instances would be the same, the amount that passed over the circuit in both instances would not be the same, owing to the greater amount of resistance offered by the circuit containing the bodies of the two persons.

The dose of the current can be nicely regulated by means of a rheostat. This instrument is placed in the circuit of a galvanic current, and acts by introducing a resistance into the circuit. If the operator wants a strong current, that is, a large number of milliamperes, he can readily remove the resistance from the circuit by turning the handle of the rheostat in the right direction, or lessen the current strength by turning the handle in the opposite direction. This instrument will show exactly the amount of resistance that is found in the circuit necessary to produce a certain number of milliamperes. It registers the resistance in ohms, the unit of resistance. To know this is always a satisfaction to the operator. The rheostat is also a very useful addition to a battery as a means of regulating the dose without causing a severe shock, such as occurs when a strong current is suddenly broken; this is very harmful in many cases.

The very young will bear proportionately more electricity than the adult. A child of three years of age will bear without injury one-third of the amount that an adult will bear, but it could not take one-third as much medicine as an adult without injuring it. Old people are not very susceptible to the influence of electricity, being able to bear with impunity what those in middle life could not bear. This is due to the loss of conductivity of their tissues. However, care should be used in treating old people, as very strong currents are liable to be followed by unpleasant secondary effects. No positive rules can be

given that can always be followed in treating disease by electricity. The individual case may demand a stronger or weaker dose than the ordinary case; this will have to be decided by the physician in charge. Yet some general rules will be helpful to the beginner.

In treating epilepsy the application should be made through a large sponge electrode applied to the head, and the dose of electricity should vary from 15 to 25 milliamperes. In chorea, under 12 years of age, the application should be made as in epilepsy, and the dose should be from 15 to 20 milliamperes; older children will bear a little stronger dose. True neuralgic pains run along the course of the nerves, and almost always are benefited by the use of the galvanic current. The dose should be from 5 to 10 milliamperes. The same dose is required in treating facial neuralgia. In many cases of sciatica, as many as 40 or 50 milliamperes will be needed for successful treatment.

In treating paralysis, much care should be used. If the paralyzed muscles will respond to the interrupted current, it should be used; but if they will not respond to it, the galvanic current should be used, in doses of from five to seven milliamperes, until they will respond, then the use of the interrupted current should be resorted to. It should be especially remembered that many cases of paralysis will get well, if treated with mild currents, but if subjected to shocks from strong currents, the paralysis will be increased, and the possibility of a recovery will be entirely lost. The dose of electricity necessary in treating infantile paralysis is from 15 to 20 milliamperes. In spinal paralysis in adults, the dose should be from 25 to 30 milliamperes.

Experience has demonstrated the fact that a strong current is the most beneficial and curative in gynecological work. In this class of patients is found an exception to the statement that mild currents used for a longer time will be more effective than strong currents for a short time.

There is no reliable means of measuring accurately the dosage of the faradic current. The sensation produced by the current as it passes through the patient's body will be quite a good guide to the operator as to the strength to be used. A good rule for him to observe in the use of this current is this: When a strong current is borne comfortably, a strong current should be used, but when only a mild current is borne without discomfort to the patient, then only a mild current should be used. If an operator disregards the feelings of his patients and persists in using strong currents to their discomfort, he will do them an injury; while on the other hand, if he does not increase the strength of the currents to a point where the patients will be made to feel their influence very sensibly, he will not give them the full benefit of the treatment. There are some exceptions to the rule that the patient's sensations will be the best guide to the strength of current to be used; these will have to be noted in the individual cases. One exception can be seen in some cases of hysteria, where

there is great sensitiveness to even a mild current, and which will be benefited by a strong current, even if an anesthetic has to be used.

As to the length of time the current should be used, the immediate, secondary, and remote effects should be observed. A treatment may produce no unpleasant effects at the time given, yet unpleasant results may follow in one or two days afterward; again, the immediate and secondary effects may be evil, while the remote effects will be very good. So an observation of these facts will give direction to the length of time for using the current, and also to some extent the strength of the current that will be productive of the most beneficial results.

Much experience in the manipulation of a static machine will be necessary before the operator can determine the correct amount of electricity necessary in the treatment of diseased conditions, as there is no way of measuring statical electricity. The sensations produced by the electricity when the treatment is being given, will be a good guide as to the strength to be used.

In connection with the subject of the dosage of electricity, it will be a proper place to mention some of the comparative values and the different uses of the galvanic and faradic currents. The two currents will often accomplish cures in the same class of diseases. Both currents have a very beneficial influence over nutrition, the faradic having a better effect upon the muscular system and the galvanic upon the nervous system. Both will produce muscular contractions in paralyzed muscles, will relieve local neuralgias, will stimulate the absorption of morbid deposits, will act upon the brain, spinal cord and sympathetic nervous system, effecting cures in certain pathological conditions; both will heal ulcers and dissipate some tumor masses, yet the galvanic is the better of the two for the treatment of that class of cases. Owing to the similar action of these different currents in the treatment of many diseases, the operator will be able to treat successfully diseased conditions with either, yet there are certain pathological conditions that will yield more readily to one current than to the other. The following is a summary in which one of the currents can be used to a greater advantage than the other:

1. The galvanic has a greater power to overcome resistance, and therefore is better in the treatment of diseased conditions of the brain, spine, and great sympathetic system of nerves.

2. The galvanic has the power to produce contractions of paralyzed muscles when the faradic would fail.

3. The galvanic has greater power as a thermic or electrolytic agent, and therefore is better for the galvano cautery and for electrolysis.

The faradic has the following advantages over the galvanic:

1. The faradic is able to produce muscular contractions better than the galvanic, unless the paralysis be very great.

2. Owing to its alternating character, the faradic current has a greater mechanical effect, producing a general massage treatment; this makes it especially useful in treating debilitated muscles.

3. The faradic current is less harmful in its effects upon the system, and is not as liable to be injurious to patients when handled by inexperienced or careless operators.

[To be continued.]

SETON HOSPITAL REPORTS.

BY PROF. L. E. RUSSELL, M. D.

CASE 22.—Dr. F. A. Cavanaugh, of Chetopa, Kansas, presented to the hospital Mrs. L., aged 35, mother of two children, suffering from extreme *procidentia uteri*, with marked rectocele and cystocele. The patient complained of great restlessness at night, intense pain in the small of the back, and a heaviness and weariness of the muscles of the legs.

The patient was anesthetized, and on making a careful examination there was very marked subinvolution of the uterus, and during the administration of the anesthetic, in an attempt at vomiting, the straining almost completely forced the uterus out of the introitus of the vagina. The uterine cervix had been lacerated in one of the confinements, and after a thorough curettage of the uterus, trachelorrhaphy was performed and perineorrhaphy. The abdomen was now opened, and with tenacula hook forceps the fundus of the uterus was seized and pulled well up into the line of the incision and slightly antverted, and ventral fixation made after a new method, which was as follows:

About an inch square of adipose tissue is dissected from the fascia of either recti muscle to a little beyond the center. A curved needle with a strong thong of silk is now forced through the outer edge of either recti muscle, pushed downward intra abdominal, and then forced through either cornua of the uterus, care being taken not to pierce deep enough to injure the lumen of the tube. The needle is then returned by pushing it up through the peritoneum, muscle, fascia, and ligated. The transfixion of the recti muscle is across the fiber, instead of parallel to the fiber.

Another or third fixation suture is entered one-eighth of an inch back of the linear abdominal incision, piercing the anterior part of the fascia and recti muscle, extending down through the peritoneum, and pricking through the fundus of the uterus, takes within its grasp half an inch of uterine tissue, passing out through the peritoneum and through the corresponding recti muscle and fascia. This suture is left unligated until the peritoneum is closed, and also the fascia of the recti muscles. In the mean time, however, the suture is held taut by an assistant for the purpose of preventing incarceration of intestine between the fundus of the uterus, and the abdominal parietal wall. The suture is now ligated with a double turn so as to form a square knot to prevent strangling of tissue underneath. All of the three sutures are now cut close to the knot, and with pyoktanin catgut the

adipose tissue is sutured, and at the finish the over and over suture of the cutaneous tissue.

This method of fastening the uterus is in my judgment the most rational I have advised or described, as it makes a complete ventral fixation from every point of view. No lateral dislocations or posterior or anterior can take place; and when properly performed, there is no danger of incarcerating an intestine around the loop of ligature, or to the adhesions which follow ventral fixation.

CASE 23.—Dr. G. L. Tinker, of New Philadelphia, O., presented a Mrs. B., mother of two children, who since her last confinement had been quite a sufferer from intense pain in the small of the back, very restless and nervous, and unable to be on her feet any length of time.

On making a careful examination, we found subinvolution of the uterus with a depth of $6\frac{1}{2}$ inches. There was also a rectocele and vesicocoele. On account of the relaxed condition of the tissues, it was thought best to do a very thorough curettment for the purpose of stimulating the uterus to contractions, to pack thoroughly with gauze, and repair the lacerated cervix; also to do a perineorrhaphy, and correct the hemorrhoidal conditions which were found to be quite extensive. In many cases we have found that by general repair of the pelvic tissue it brought about good results without resorting to a more radical procedure.

CASE 24.—Dr. W. A. Latimore, of Pittsburg, Pa., brought to the hospital a Mrs. C., of Washington, Pa., mother of four children, who, since her last confinement four years ago, became quite an invalid. She had submitted to an operation by a prominent surgeon of Pittsburg, who opened the abdomen and claimed that he had removed an ovary and tube, and had done a central uterine ventral fixation. In this case, as in many others, the surgeon did not correct the endometritis, or do anything to relieve the subinvolution or to repair the lacerated cervix. His operation consisted in ventral suspension of a sick uterus, which never could and never would get any better by hanging it up to the abdominal parietal wall. If these cases are to make a recovery, it must be by a thorough preparation of the diseased tissues before submitting to the ventral fixation.

The patient seemed to do badly from the very start, following the first surgical procedure, and in eighteen months had become bed-ridden. At each menstrual period she complained of intense pain, which could not be relieved, even by narcotic doses of opium or morphine; and during the most severe attacks of pain, relief was only produced by the administration of an anesthetic.

The patient was thoroughly prepared for a laparotomy, and an incision six inches long, elliptical in shape, including and removing all of the scar tissue down to the peritoneum, was performed before the abdomen was opened. After the hemorrhage was completely

staunched, a small incision was made into the peritoneum at the upper border of the wound, and extended down to the adhesive mass and uterine fundus. Three distinct intestinal loops were firmly adherent to the pedicle and uterine fundus and abdominal and parietal wall, and were therefore carefully dissected loose from the mass, and the cicatricial utero ventral tissue all removed, together with both ovaries and tubes, the right one containing a hematoma the size of a goose egg, and blended in this mass with adhesive inflammatory deposits, the appendix was partly engulfed.

In the completion of the operation, ligatures were placed around the ovarian arteries, and then the ovaries, tubes, and tumor mass, together with the uterus and cicatricial tissue, all removed. Patch-work was done on the intestines, and after thoroughly making the toilet of the peritoneum, the abdominal incision was closed, using three interrupted retaining sutures, and then closing the tissue with the over and over pyoktanin catgut and silkworm gut. The patient left the table very little shocked. The operation proved conclusively that in doing a ventral fixation it is important that the uterus be placed in the very best possible condition; otherwise the lesion is intensified rather than mollified.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

INTRA-OCULAR NEURITIS.

There are several distinctions made in intra-ocular neuritis, depending upon the origin and extent of structures involved, but the severe form, or choked disk, will not be considered here. A simple hyperemia of the disk must not be confounded with a neuritis, although the mistake is often made. If the case is at all doubtful, repeated examinations will usually eliminate errors of diagnosis. In hyperemia there is no swelling of the nerve head, although the outlines of the papillæ may be obscured.

Causes.—Tumors of the brain or meninges and meningeal inflammation are the commonest causes of neuritis. Tumors of the cerebellum appear to produce a more severe attack than those of the cerebrum. Septic and epidemic meningitis, cerebral abscess, hydrocephalus, and orbital tumors are sometimes responsible. Albuminuria and chlorosis may cause the disease. Circulatory lesions, emphysema, and neoplasms of the nerve, have also been ascribed as causes.

Persistent headache is nearly always a prominent symptom. The eyes should be frequently examined in these cases. Headache is also a common symptom of the early stages of albuminuria. Hysterical patients usually complain of headache, but a differential diagnosis is generally easy.

A neuritis may be caused by febrile diseases and the exanthemata, syphilis, and according to Panas gonorrhea. Toxic agents, excessive anemia, exposure to cold, rheumatism, excessive exertion, etc., may be responsible. In many cases it appears idiopathically.

Course.—Congestion and edema of the disk occur in the early stage. The swelling may be very gradual, extending over a period of months or even years, and with progressive diminution of vision. Often tumefaction comes on rapidly. When the inflammatory and edematous condition subsides, the veins become less tortuous and distended, and vessels which were hidden by the tumid tissues can be distinguished; this is especially noticeable at the center of the papilla, which becomes depressed. A more uniformly gray color is seen, which grows paler, and as a rule the temporal margin of the disk first becomes visible, the clearing continuing until the entire margin is clear.

PATHOLOGICAL CHANGES IN MUCOUS MEMBRANES.

The popular term "catarrh" is applied to all morbid changes in the throat and nose, and possesses no significance as regards the pathological condition. The meaning of the word catarrh is, an exaggerated flow of secretion from the mucous membranes, especially applied to those of the nose and throat. The name should for the sake of conciseness be discarded, unless used in its proper sense as a catarrhal inflammation, meaning increased secretion from mucous surfaces.

There are many systemic diseases which will increase nasal secretion. Circulatory wrongs, vasomotor disturbances, or alteration of the character of the blood. Interference of eliminative action of the kidneys, when the skin and mucous membranes may become vicarious eliminators. Congestion of the nasal and pharyngeal membranes often result from congestion of the thoracic or abdominal viscera. Chronic constipation and intestinal irritation frequently produce thickened and congested mucous membranes of the upper respiratory tract, and not infrequently the veins will present a varicose appearance. Structural changes may result from long continued diseases of any of the viscera.

As unrecognized systemic lesions may be the primary cause of disease in the upper respiratory tract, the importance of an examination of the urine, as well as a careful examination of other organs should be considered.

In many cases a nasal lesion is simply a manifestation of a primary disease of some of the accessory cavities, and will, unless care is taken in the examination, lead to a wrong diagnosis.

A thin, watery, slightly albuminous secretion from the respiratory membrane is often found in marked cases of anemia. In children a similar exudate is often produced by intestinal irritation, resulting from the ingestion of indigestible material or of intestinal parasites.

The anatomical conformation of the nose also has a marked influence in rendering individuals susceptible to nasal lesions. Those persons who have narrow, slit-like nasal cavities, usually hereditary, are much more liable to nasal disease than those with well developed nasal cavities. In the former class, the lumen or space between the turbinal and septal tissues is so slight that but little irritation or congestion is required to entirely close the nasal cavity, thus interfering not only with the respiratory function, but also preventing the free escape of secretion, which still more irritates the mucous membranes and ultimately produces a chronic type of rhinitis.

The prevalent idea among the laity that a "catarrh will run into consumption" is untrue, but unquestionably neglected cases of long standing rhinal catarrhal inflammation, on account of the accumulation of secretion in the post-nasal space and posterior portion of the nasal cavities at night, and the unconscious swallowing of this secretion by the patient while asleep, will produce a general catarrhal condition of the mucous membranes of the pharynx, larynx, as well as of the esophagus and stomach. This will lower the vitality, not only of these tissues, but of the general system as well, and when there is a tubercular tendency present, it may develop a true case of tuberculosis, but no disease, not tubercular, will develop a tubercular lesion.

Mouth breathing not only causes a physiognomical defect, but will eventually impair the general health. This is especially true of children, as the nasal structures do not develop; the child not only has a stupid look, but is actually stupid in mental work, and listless in play. Digestive disturbances soon appear, and the general health is much below normal. In children otherwise normal, mouth breathing indicates some obstruction to free nasal respiration, and should call for prompt relief. When neglected, not only the appearance of the face is changed, but the hard palate is often distorted, having a high irregular arch instead of the usual dome shape.

According to Kyle, if the nasal floor or superior maxillary bone is thin from defective nasal respiration in early childhood or other causes, the terminal nerve filaments to the teeth run superficially along the floor of the nose, and if a septal deflection is low down, and with redundant tissue, the inflammatory process injures the nerve roots and causes devitalized teeth, or may ulcerate, producing a sinus discharging around the tooth, simulating pyorrhœa alveolaris.

The shape of the bones of the nose, especially of the floor and turbinates, will markedly influence the drainage of the secretions either forwards or backwards, also the tendency to accumulation of solid foreign substances from the air. If the direction is backward instead of forward there is more tendency to rhinitic inflammation.

Frontal headache and neuralgia and also facial neuralgia may result from either nasal disease or affections of the accessory cavities.

PATHOLOGY OF EMPYEMA OF THE ANTRUM OF HIGHMORE.

The air-cavities in the bones of the face are all lined with mucous membrane, the columnar ciliated epithelium of which rests on a connective tissue stroma with few glands and blood-vessels all nourished from the periosteal lining. They all communicate with the common nasal chamber by small openings, so that for the most part they resemble a set of flasks with one narrow mouth.

That these cavities have some important function, aside from incidentally contributing to the lightness of structure of the bones enclosing them, seems hardly to be doubted. We naturally think of a function suggested by their form and relation. A glance at the anatomy of this region shows the very intimate relations which exist between the frontal, ethmoidal and maxillary sinuses which are so placed that they have a common opening in the middle meatus of the nose into that slit-like cavity called the hiatus semilunaris at a point situated about the very middle of the nasal breath way, or air-passage—practically three flasks with a common mouth over which the wind plays. Now, what well known principles in physics does this arrangement suggest? You will at once think of the Sprengle air-pump. Sprengle conceived the idea of pouring mercury down a capillary funnel-tube connected laterally with a flask which he desired to pump free of air; as the mercury fell past the open mouth of the flask the air was gradually exhausted from it. This you will at once recognize as the principle so universally utilized in the atomizer, only here, instead of having a closed flask, we have one connected with the outer air, so that the constant air-pressure causes the fluid in the flask to be drawn out continually to the end of the atomizing tube and there spread in scintillating spray. What useful purpose does Nature wish to serve by having a Sprengle's air-pump in constant operation here from the earliest hours of childhood throughout the whole life? The manifest purpose which such an arrangement of physical forces serves is that of abstracting moisture from the cavities. The effect of such a function is simply that of cooling the tissues surrounding them by abstracting their heat in vaporization. This is not a theory nor a fancy which I am giving. I am rehearsing the physical facts which obtain in the peculiar form and interrelation of the nasal chambers with their adjacent sinuses.

If, then, these hollow chambers are meant to functionate as air-pumps and evaporating surfaces, the existence of an empyema would destroy all such function and would a priori bring with it a certain kind of disturbance of the economy connected with the organs and parts of the head lying in and around the sinuses. Now, clinically, what is the constant testimony of those who have a cold in the head, an influenza, or a sinusitis of one or more of these air-chambers, or other pathological condition of the parts affecting their nerve and blood-supply? Simply this, that a sense of fulness exists in and around the

face and forehead, the head feels compressed and heavy, the faculties are dull and irresponsive, the memory fails, concentration is impaired, and altogether an indefinable sense of ill-being exists which the patient is seldom able to express satisfactorily to himself or to the physician. In other words, the air-cavities are water logged and the subjacent organs are deprived of that comfort which should come to them by the simple process of evaporation and abstraction of heat.

I have reviewed nearly all modern literature on the subject as far as it was within my reach; and my own conception of the present status of this pathology may be briefly summarized.

In the first place, the poverty of the blood-supply to the thin lining of these air cavities, explains the relative paucity of granulations found when chronicity of inflammatory process is considered, and also the rarity of severe hemorrhages in these cases. Yet Scheppergrrell, in 1894, met with a case of such severe hemorrhage that the antrum had to be kept packed for four weeks to obviate fatal issue. He explains it by supposing that an angiomatic condition of the mucous membrane existed at the point where the trephine entered—which was disturbed by each attempt to remove the packing.

Lucke (Strasbourg) narrates the case of a man of twenty-six years in whom bleeding characteristic of a vascular tumor occurred which required packing. The tumor grew; a second operation was done; a bony tumor was found covered with granulations. A large part of the tumor was removed with a chisel. The hemorrhage was so profuse that transfusion was done to save the patient. Tampons were kept in situ four weeks. Recklinghausen examined the tumor and pronounced it an angioma ossificans, or osteoma angiomatica.—*From Paper Read Before the Brooklyn Pathological Society, by Heber Nelson Hoople, M. D.*

PERISCOPE.

THE EVOLUTION OF ECLECTICISM.

As one looks over the century that has passed, unless he be so prejudiced against truth as to refuse to see what is clearly to be seen, he will catch sight of the changes made both in medicine and in medication. I speak now of that which came to and from within the eclectic school; changes that I believe have not only been the natural result of growth and broadening of mind, of culture, experience and education, but that have been vitally essential to the life of the school. Had this evolution not occurred, there would to day have been no eclectic school in medicine. Had the men who have passed away been content to take the primitive therapy and the still more primitive medicines of the first eclectics, and say these are for all time, they need no further study, no improvement, no culling out of the

bad and adding to of a better, the eclectic school in medicine would long ago have run its course. This is so self-evident as to scarcely need a second thought, even to the person who contrasts conditions and methods of but twenty-five years ago with the present is this true, but to him who goes back to the day of Beach and Thompson and contrasts with these men the up to-date eclectic practitioner of to-day, the fact becomes so notable as to forbid resistance. And while this is no reflection on these men, were it not true it would be a reflection on us and all between those pioneers and us. Had we not taken that which they gave us and used it as a basis for advancement we would have discredited ourselves and have done an injustice to them. It was their right to expect that the men who came after them should not only keep abreast of the times, but should keep ahead of others so far as the therapy, the medicine, the surgery of our school in medicine is concerned. Had we been content to rest, and, while resting, point ever to the past—the far back past—and say, we have stood still since those days of the long ago, we should command neither the regard of our rivals, the courtesy of our antagonists, nor the respect of our friends.

But I hear it said by a few, and by perfectly conscientious men, too, "this and that old physician is very successful," all of which is true, and I am glad to add my word of praise. But this does not alter the fact that part of this success rests in the advantage of expertness gained by great experience, which the aged physician does not appreciate; experience that renders it possible for him to do that which it would be difficult to teach another to accomplish. His discriminative mind and eye have learned lessons that rest in them alone. He uses tools that would be awkward, indeed, in the hands of a novice. For example, say to the graduates of the modern Eclectic Colleges, you will in such a case direct your patient to make a tea of a handful of this herb, a pinch of that one and a handful of the third, and you will have a method of a very successful eclectic who recently died, and whose patrons accepted him and took his medicines by pint and by the gallon. Say to his successor, a young man, practice this method, and, to begin it, lay in half a barrel of compound syrup of stillingia, a barrel of neutralizing cordial, a wagon-load of roots, barks and herbs, and then see if either he will follow the successful old man, or if the patients of the old man will take his mixtures? He would be derided and deserted.

And this brings to mind the fact that patients will tolerate in their old family physician that which the young man must avoid. I have in mind now an old physician who uses snappy language, who is cross and surly, who all but insults his patrons in his very bearishness. This his friends tolerate in him, but will tolerate in no other man. I have in mind another, who wears clothes that, should a young man in his practice presume to wear, would forever condemn him. And I know more than one old physician friend who uses medicines his

patients would not take from others. All of these things that might be brought up by the advocates of the past as arguments to indicate that evolution in eclecticism is unnecessary are arguments only in a restricted sense and not in fact. The medication, the medicine, the surgery of the century that has passed are stepping stones to the men who march into the century that is opening.—PROF. JOHN UBI LLOYD,
in Medical Gleaner.

EDUCATION OF EPILEPTICS.

These unfortunates were up to a few years ago, even in highly civilized nations, helpless and virtually outcast. The Craig Colony at Sonyma, N. Y., has been an important factor in teaching us how to advance their interests. In Great Britain twelve years ago, a similar home for epileptics was started at Maghull. A brief note of the work of the home is given by W. Alexander (*Lancet*, Mar. 24, 1902). He calls the home the first step in improving the position and comfort of epileptics. Prior to its establishment, epileptics if they were poor, were confined in the imbecile wards of the workhouse; if rich, they were looked after by relatives or attendants, or taken as boarders by people of various classes of life, who for pay undertook this trouble and responsibility without being always qualified. Poor epileptics who were not sent to the workhouse were often miserable in the extreme, a source of constant anxiety and dread to their relatives, and hence frequently confined in their homes and denied all liberty, and many necessarily became stupid or insane. In spite of all precautions of relatives and attendants, fatal accidents were frequent, and often these were considered special acts of Providence for the relief of all concerned. In the workhouse these patients were herded with the least harmful insane without any effort toward instruction, employment or amusement.

The primary objects of the Maghull Colony were to keep epileptics safe, occupied, trained in body and mind, and to allow them all possible liberty. Unexpected success has followed this venture. The chief obstacle encountered has been the defective education of the inmates as admitted. The old doctrine among medical men that epileptics must not be bothered led to a total neglect of any steps toward their physical mental and moral training. The products of such a policy are the adult epileptics of the present day and are very hard to deal with. Another source of ignorance among epileptics is the fact that when the disease appears in later life often all early education will be forgotten, and the individual must be trained new from the start. Again, epileptics are often unevenly balanced, so that certain faculties, like the musical, imitative, and introspective, are unusually acute, while others are obtuse. They divide the education of the patients into two classes, those of the ordinary school age and those of adult life with originally defective or lost education or training. They find that, on the whole, such subjects acquire with tolera-

ble satisfaction the simple branches, namely, reading, writing, arithmetic, wood carving, joinery and simple technical arts. The teaching of these unfortunates must necessarily be under the watchful eye of competent physicians; but with such at hand, they find at Mughull considerable success in giving to these wretched beings something to think about and to live for.—*Med. Progress.*

EYE DEFECTS AND MENTAL DULNESS.

Dr. Chas. Stedman Bull (*Pediatrics*, February 15), believes that ocular defects are a very common cause of apparent mental dulness and deficiency in children, and that, of these defects of the eye, by far the most frequent are anomalies of refraction. In order of frequency in children, though not of importance, anomalies of refraction are hypermetropia, astigmatism, and myopia. The child with uncorrected hypermetropia complains of inability to sustain accommodative effort for the near objects. He becomes dull and stupid, because eye-strain renders him incapable of the continued mental stress required by prolonged use of his eyes for his studies. When such a child has his eyes examined, and the refractive error corrected, it is surprising to see how rapidly the dulness and stupidity disappear and mentality becomes acute; at the same time subjective symptoms, such as ocular pain and headache, and the sense of weight and pressure upon the eyes and brain, are entirely relieved in most cases.

In astigmatism, both distant and near vision are rarely persistently normal. Defective near vision, with a most annoying apparent doubling of images of small objects, is a common phenomenon of hypermetropic and myopic astigmatism as well. In children of neurotic tendency, in addition to the usual symptoms of eye-strain, frontal headache and asthenopia, there is apt to be a train of inter-dependent reflexes, which form a serious handicap to mental development.

Myopia, because of its possible disastrous results to vision, is by far the most important refractive anomaly. It is a direct result in most cases of the requirements of school life, and increases, in proportion to the length of time devoted to the strain of education. The congenital hypermetropic eye of infancy and childhood passes "through the turnstile of astigmatism" (Riely) into the myopic form of abnormality. Sanitary science has no more important or bountiful field to-day than the prevention of myopia in our educational institutions. The myopic child may not see the blackboard, the maps on the wall, or what is going on in the playground unless he is close at hand. In consequence he retires within himself to escape the jeers of his comrades for the inability to do all their better vision enables them to do; he becomes self-conscious, introspective, and, perhaps, perverted in his tastes, appearing to teacher and schoolmate to be dull, inattentive and stupid. To such a one refractive correction opens a

new world, and changes his environment, causing dulness and eccentricities to vanish.

[Exact correction of myopia arrests its increase both in the individual and the community, as is shown by the lessened prevalence in communities where refractive errors received proper treatment at the hands of competent oculists.—*Ed.*]

Insecurities of the ocular muscles produce headache and eye-ache, with vertigo and mental confusion, occasionally diplopia also. If use of the eyes for close application is persisted in, these symptoms grow so marked and constant, that the child is no longer capable of continuous mental effort. Primary squint is almost always associated with some form of refractive error.

The rarer ocular defects causing markedly decreased vision and mental deficiency are (1) congenital cataract, (2) dislocation of the lens, (3) absence of pigment in the uveal tract, (4) coloboma of iris and choroid, and (5) aniridia. With the exception of the first two, these defects are little improved by any form of treatment, medical or surgical.

There is also a congenital want of visual memory, congenital word-blindness, which sometimes is found in children who are unable to learn to read. It is supposed to be due to organic deficiency in the part of the brain where visual impressions of letters and words are registered for use.—*Medical Review of Reviews.*

DIAGNOSIS OF EPILEPSY IN CHILDREN.

Dr. J. G. Chadwick has an interesting editorial in the March number of the *Homeopathic Journal of Pediatrics* on the subject of the diagnosis of epilepsy in children. He says:

It is not an easy matter to make a correct diagnosis of epilepsy in children, for you might see the patient a great many times, and always when in a convulsion, and yet be unable to state positively that the case is one of epilepsy. A physician arriving at the bedside of a child in convulsions, will find it almost impossible to differentiate, especially during the attack. The infant's brain grows with rapidity, and the excitability of certain motor centers is physiologically far greater than in later childhood. This excitability is very often the source of nervous explosions that may have been produced from a slight cause. We cannot always differentiate these convulsions by their clinical symptoms alone from the convulsive attack of epilepsy. The child has such a hypersensitive nervous system, that very often these reflex convulsions simulate those of epilepsy; and it is of the greatest importance that we, as physicians, be able to distinguish between the convulsions of true epilepsy and the many reflex ones that we are called upon to treat. Even after careful investigation we consider ourselves justified in suspecting the case as one of epilepsy, we should be guarded in expressing our opinion toward the family until

we have had a fair opportunity in watching the case and corroborating further evidence in favor of our suspicion.

In making a diagnosis of epilepsy, we are forced to differentiate the latter from other diseases by first carefully eliminating other causes for the conditions. We must wait to see if the attacks are continuing, and if so, they are more likely to be epilepsy, especially so if without evidence of any organic disease or marked irritation. When the child bites its tongue during the attack and goes to sleep after the convolution, or when there is temporary mental impairment after the convolution, then we have good reason to claim that the case is one of true epilepsy.

Epileptic convulsions are easily distinguished from hysterical ones by the presence of consciousness in the latter; perhaps not entirely so in all cases, but in the larger number. Hysterical convulsions are of rare occurrence in children, and they never exist without the associated symptoms of hysteria.

ASCITES.

For renal dropsy I give elaterium, one-sixth of a grain, two or three times a day, and many cases have not only been relieved, but permanently cured, even when renal products were found in the urine. It is necessary to give this remedy until the discharges from the bowels are frequent and become watery. For ascites from the liver, if only from physiological interruption, five full doses of mercury. If from a cirrhotic liver, the practice of anastomosing the portal and systemic circulations by opening the abdomen, scarifying the peritoneum and stitching the omentum to the parietal peritoneum has met with reasonable success; such adhesion establishing a new route between the portal and systemic circulations. "It does not cure cirrhosis, but it relieves the obstructed circulation, and delays the alteration of the hepatic cells. It induces a compensation for the ascites by creating better hydraulic conditions, by improving the perihepatitis and chronic peritonitis, and the tonicity of the blood-vessels. It increases the amount of urination from 200 to 800 c. c. up to two litres a day. It increases the amount of urea excreted, and diminishes the urocythrin. It also improves the general condition, as the patients increase in weight and fat. The process is not equally successful in all cases, however."—DR. BIGGAR in *Med. Century*.

Antepartum Examination.

A famous French litterateur once said that a woman only escapes being sick twelve times a year by having an illness that lasts nine months. While this may be a sweeping statement, yet it clearly indicates the necessity of careful attention being given to the pregnant woman, in order to ameliorate or avert any complication of pregnancy and parturition. Ballantyne (*British Medical Journal*, April 6, 1901),

has made a strong plea for the establishment of pre-maternity hospitals, where cases may be admitted early in pregnancy, particularly those patients who have suffered in previous pregnancies from one or more of the complications in which some anomaly of gestation has been diagnosed. More thorough examination and more careful study of the individual case could be made in a hospital; and such an institution would undoubtedly prevent disaster to the mother and lead to the conservation of fetal life. Ayers (*Physical Diagnosis in Obstetrics*) has spoken in eloquent terms of the crying need for improvement in medical practice of antepartum diagnosis in obstetrics, and of the value of pelvimetry, uterometry and abdominal palpation, so that the best time may be selected for the induction or completion of delivery. Too much attention can not be given to the mensuration of the pelvic cavity, particularly when the general average of contracted pelvis, as given by Williams, is 13.1 per cent. Nearly all of the major operations of labor are necessary because of the failure to recognize the probable causes of dystocia earlier in gestation.

Drinking at Meals.

C. A. Ewald (*Zeit f. Krankenpflege*) discusses the propriety of allowing drink with meals. He notes the fact that people take without difficulty large quantities of water in soups and vegetables during meals, and that most people feel the necessity for taking fluid at these times. If the drink be lessened the amount eaten will be less, and the appetite may sometimes be excited by a drink of water.

Gastric juice is secreted in quantity somewhat proportionate to the amount of fluid which is taken into the stomach, so that a large amount may in this way be a tax upon the gastric glands; but normal stomachs can accommodate themselves to a considerable range of fluid, and in normal individuals there is never much stagnation in the stomach. Alcoholic fluids in moderation do not delay digestion, and may stimulate in many cases, so that it would seem that in normal cases drinking at meals within reasonable limits does not interfere with digestion, and may even aid it; but with disease of the stomach drink should be limited, and if there is dilatation, should be prohibited as far as possible, though absolute interdiction of drink is only to be advised with severe dilatation. The evil influence of drinking with meals has been very much overestimated. In a considerable number of cases fluids have useful effects.—*Practitioner*.

BRYONIA IN SUPPRESSED MENSTRUATION.—This remedy is not very frequently thought of in this condition, and yet it is one of our best remedies in these cases, and particularly if the patient be a young single woman. When suppression is followed by a sense of dizziness, with heaviness and pressure toward the forehead, worse from stooping and motion; chest pains, bleeding at the nose, a dry cough, pain in stomach after eating, pains in the lumbar region, and constipation, make the picture complete.—*Med. Visitor*.

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MENSTRUATION AND ITS DISORDERS.

VI. MENORRHAGIA.—One of the most frequently encountered features of perverted menstruation is menorrhagia. This is a menstrual disorder characterized by an excessive flow or loss of blood, and may occur in any subject and at any age from puberty to the menopause. Such cases depend upon a well defined or circumscribed condition, which is symptomatic of a large number of functional and organic affections, that every physician will experience repeatedly in the course of a general practice. The amount of blood lost at each period varies quite materially in different women. In many there will be but a small quantity, probably not more than two or three ounces, necessitating the use of but two napkins a day; while again other women may show five or six times this amount; each being within the limits of the normal function, and the individual enjoying perfect health. The term menorrhagia, therefore, technically signifies an increase of the flow over the normal amount, the standard with which it is compared being the *usual* quantity discharged by the female, and not any definite amount. Each woman, therefore, is a law unto herself, and what would be normal in one person would prove an excess, or menorrhagia, in another, and so on.

Menstruation may be in excess of the usual amount, and menorrhagia gradually develop as a consequence of a congestion of any portion of the uterus or its appendages; likewise an inflammation or diseased state of the mucous structure, as well as the presence of a growth, are also in some instances exciting or contributing causes. Cases are frequently encountered in plethoric women of sedentary habits; in such instances the period is increased, and instead of the woman menstruating four or five days, she will often remain unwell for a week or ten days, or even longer, the period continuing to recur, however, with marked regularity each month at the time peculiar to the individual.

Many of the menorrhagic cases that apply for treatment at our clinic at the college, especially with a history of the trouble having existed many months, or a considerable period of time, we find upon

inquiry into the history and a careful examination, are usually due to a chronic endometritis, frequently of a granular or catarrhal nature.

Another class of cases, and of rather frequent occurrence, are those that recite a history of the menstrual excess having followed an abortion; or probably more often after delivery at term; as menstruation was re-established, the first "sickness" was too profuse, and at each subsequent period the flow continued to increase in amount, until a well defined menorrhagia is the result, the patient becoming anemic and prostrated, with evidence of very marked constitutional disturbance. Such cases are due to want of proper uterine contraction following delivery, or the third stage of labor, resulting in a condition of subinvolution.

Occasional cases of menorrhagia may be attended by chronic inflammation of the ovaries, or oophoritis. In not a few cases of menorrhagia, an examination will reveal some feature of retro-displacement of the uterus; this is owing to the congestion, or in some instances inflammation that usually attends displacement of this organ. In rather rare instances we are consulted by women late in menstrual life relative to an increased flow that was first noticed from six to ten periods before, and has increased very rapidly, until the hemorrhagic loss is excessive, and the duration of the period frequently lengthened from twelve to fifteen days. Such symptoms are peculiar to the presence of a fibrous tumor, of either the submucous or interstitial variety. Menorrhagia arising from this cause will be attended with considerable tenesmus and bearing down, owing to the excitement of uterine contractions; there will also be a noticeable degree of hypertrophy of the uterus.

Many cases that occur during the first year or so following puberty do not depend on any diseased state or pathological condition, but appear to be simply due to a general plethora, strong and full circulation, active habits, as well as the excitability, high tension of the nervous system, and vigor of youth.

The symptoms in menorrhagia are such as might be expected from any exhausting discharge, as debility, languor, bloodless appearance, cold extremities, weakness, frequently pain in back and on top of the head; dizziness will also be frequently mentioned. In addition we will have such symptoms as are peculiar to the condition exciting the flow. The fact that menorrhagia is in reality but a *symptom* should not be overlooked, and in all such cases appealing to us for relief, a careful and painstaking examination should be the first ordeal.

Treatment must be largely governed by the primary lesion, or exciting cause. In cases similar to the last named, occurring soon after puberty, or not attributable to any pathological or apparent cause, something to lessen the force of the blood current and caliber of the vessels answers a good purpose. For a number of years we have succeeded very well with the soluble citrate of iron in port wine, a drachm of the iron to the ounce of wine is the proper proportion, given in tea.

spoonful doses every three hours. The 2d decimal trituration of carbo-veg. in grain doses every two hours, has also been highly extolled, as have also the oil of erigeron, tinc. cinnamon, gallic acid, and in some cases ergot, especially where some marked action of the uterus is desired, or symptoms of want of spinal innervation are in evidence. In inflammatory conditions aconite, hamamelis, macrotys, ipecac, or particularly the sp. tr. capella, will give uniformly good results, if persisted in for a short time. The other agents should be selected according to their several indications.

In cases of degeneration of the mucous membrane, chronic endometritis, or inflammation of the same, the proper course to pursue is a careful and thorough curettage under the necessary preparation and septic precautions. In subinvolution good results frequently follow the persistent use of macrotys, phytolacca, and ergot, together with judicious massage, quietude and rest. More immediate and quicker relief, however, will attend a light curettage, followed by packing with gauze, gradually withdrawing the packing as the organ contracts. In cases that are due to displacements, or the presence of tumors, the proper surgical treatment should be advised as in similar lesions under other circumstances.

R. C. W.

COMPOUND SYRUP OF STILLINGIA.

This is one of the old Eclectic compounds, and we mention it at this time to prevent its dropping into oblivion unnoticed. It, together with a number of other compounds, gave the Eclectic practice of medicine its early prestige. In fact the old men of eclecticism seldom used simples, or remedies singly. Even the infusions in general use were usually of compound or complex composition.

In these conglomerates it always appeared to us that it must be absolutely impossible to estimate the value that each ingredient added to the compound, as no one could tell to what extent one remedy favored or hindered the action of the other ingredients in the mixture. However, we deem it possible to make a mixture or combination that may have a specific action in certain lines that cannot be met by any known single remedy. For example, it is possible that a mixture of corydalus and iris will do as an alterative that which may not reasonably be expected of either drug alone, and at the same time the general action of the combination be quite different from the action of either drug alone.

In making these mixtures and compounds, we deem it essential that the ingredients be just as strong and as pure, and that every detail of their manufacture be as carefully considered and executed as is done in the manufacture of specific medicines or other standard official preparations. The result—that is, the remedy when placed upon the market, should be uniform in strength, or of a particular standard of strength. Variation in strength demands variation in dose, varia-

tion in action, and these variations are the stepping stones to doubt, and doubt leads to nihilistic ideas, and the wandering after strange gods in the *materia medica* realm. If one prescribes a remedy that never fails to meet certain conditions, he is not likely to look further for a remedy in that line. Look well, then, in all of your medicines, to their strength and uniformity.

The success attending the prescribing of the compound syrup of stillingia no doubt led to its finding a place, though in modified form, in both the United States Pharmacopoeia and in the United States Formulary.

The old Eclectic formula called for queen's root, turkey corn, blue flag, elder flowers, pipsissewa, coriander, and prickly ash berries. Those familiar with the action of the stillingia, blue flag, turkey corn, pipsissewa and prickly ash, when given singly, might have some idea as to what action to expect of the compound, which has been described as a "most powerful alterative." The stillingia is an active remedy. Large doses act as an emeto-cathartic. It has been used by Eclectics for fifty years at least. (Perhaps a western writer can show us that Adam prescribed it.) It produces free action of the kidneys, bowels, and of the glands. The other remedies are also quite as active, but this time is not opportune for a special description of the action of each, as we are writing, or at least intended to write, upon the compound syrup of stillingia. The compound is first and foremost an ideal alterative, and by that we mean a remedy that alters or changes a dyscrasia, or a disposition, or an affection or infection. First of all, compound syrup of stillingia is an antisyphilitic. It opens the excretions and dumps out the poison. It lessens deposits, removes glandular obstruction, stimulates a good bloodmaking and a good blood-flow, and cures syphilis. There are those who think that its action and merit in this disease especially are enhanced by adding one ounce iodide of potash to each pint of the syrup. The idea smacks of "Do it because I do it." But our experience has not been of sufficient greatness to say that it is. The testimony with us is to a great degree of the hearsay and circumstantial order. True, these convict.

Compound syrup of stillingia is a remedy of no mean worth in the treatment of tuberculosis, the old time scrofula. It was very greatly relied on in the treatment of this malady by many of our old men. In fact and in short, compound syrup of stillingia is a sovereign balm in those old chronics, that nothing else will cure, whether the lesion be of the bone, the liver, the glands, whether it be luetic or due to the bad treatment of your predecessor. To this end compound syrup of stillingia was highly recommended as an efficient remedy to overcome the effects of mercurialization. Old Eclectics hated mercury as does the devil holy water, and they always were in search of a remedy to overcome its evil effects, and this was a prime favorite.

Prof. Morrow highly recommended compound syrup of stillingia as a remedy of great value in pectoral troubles, and ascribed to it strong

expectorant properties. He used it in chronic laryngitis, bronchitis, incipient phthisis, etc.

The dose of the syrup with the potash added, is a fluid drachm in much water, three or four times a day; without the potash, two to four ounces.

W. E. B.

ANTI FAT.

Within the last few years, the attention of the profession, has been turned, by the earnest solicitations of obese people, to methods for the reduction of fat.

That some of the means employed have proved harmful, needs neither arguments nor statistics but that several methods are feasible and safe, is likewise true and the only question for the physician to decide is what are the means that will accomplish the desirable end, without harm and in the most pleasant manner.

All methods will require a special diet, more or less generous, depending largely upon the occupation of the patient; thus, if the patient be one whose business demands constant attention, it will not do to place him on too spare a diet, for while losing fat, he will also lose strength.

To my mind a generous, though not fat-producing diet, is best in all cases.

For example, a diet consisting of the following articles will give good results. The patient should drink one pint of hot water one hour before each meal. For breakfast, he can eat steaks or chops, lettuce and one piece of dry toast, and drink one cup of clear tea or coffee.

For lunch he may have the same diet as for breakfast. He can also have a piece of fish three times a week.

For dinner he may have chops, roasts, lettuce and spinach, and drink one cup of clear tea or coffee.

Other requirements relating to exercise, rest and bathing, are as necessary as the diet, and must form a part of the treatment. The patient must lie down at least thirty minutes before and after dinner, and take daily exercise, though not to the point of exhaustion. He must also take five full baths per week in hot water, not remaining in the bath more than five or ten minutes.

In the way of medication, I find the juice of the poke berry, as prepared by Lloyd Brothers, and which has been so highly recommended, very efficient. This should be given in ten-drop doses a half hour before and one hour after the three daily meals. With my own patients, a treatment of this kind has been successful in reducing obesity, and yet not reducing the strength. One patient, recently treated, lost 17½ pounds in three weeks. We might succeed in reducing more fat in less time by a more scanty diet, and a larger dose of phytolacca, but the health and strength will suffer.

R. L. T.

SOME USEFUL REMEDIES.

A few words concerning some of the later introductions into medicine may be of service to some physicians who have not given them a trial. Of these I find formaldehyde, resinol ointment and bismuth formic iodide indispensable.

FORMALDEHYDE—Aside from its deodorizing and preservative properties, now well known, is an agent which I have found of great service in the treatment of certain skin affections as well as in the cleansing and treatment of superficial wounds. For the bites of mosquitoes, spiders, etc., it seems to give relief from pain and assists in reducing the swelling. For foetid sweating of the feet and axilla it proves a good deodorant and somewhat retards the return of the unpleasantness. We have employed it with fair results in gonorrhœa, but it often occasions too much smarting and we have sometimes had to abandon it for this purpose. Its best field, in our judgment, is in the treatment of moist cutaneous diseases. Thus in moist forms of eczema it has promptly arrested the oozing and cleared the skin, for a long period at least, of the eczematous trouble. The eczema is, however, apt to return, but not immediately. After an extensive trial of many agents, without the least favorable result, one application of formaldehyde (40 per cent.) absolutely cured an extensive thrush in a horse's hoof. For use upon the human skin we employ about 1 to 2 per cent. solution. Combined with witch-hazel it has promptly subdued cellular inflammation of the dorsal surface of the hands.

BISMUTH FORMIC IODIDE—[$\text{Bi}_2\text{I}_3(\text{CH}_2\text{O})_8$] Without exception this is the best dry dressing we have ever used for cuts, abrasions, etc. According to the manufacturers it is a compound of formaldehyde and gelatin, combined with bismuth subiodide, thymol iodide, eucalyptol, thymol and cinnamic acid, which become resolved into their constituents in the presence of moisture when applied to wounds, liberating free formaldehyde and iodine.

Many claims are set forth for this compound, but our use of it has been limited to a surgical dressing, for which it is unsurpassed. It has a pale sulphur color, and while it has an odor it is not unpleasant and is not pungent enough to make the person to whom it is applied noxious to others, nor to give the room an unpleasant odor. Our method is to cleanse the wound, and where required, to insert silk stitches, dry the surface and dust the parts well with bismuth formic iodide. Very rarely does suppuration occur. In wounds that are already suppurating it appears to lessen the amount of pus secreted and acts as a drying agent. It may be used upon ulcers, but for tibial ulcers we have not experienced any better results from it than from many other applications. An ointment of this powder may be made in 10 to 30 per cent. strength by combining it with the ordinary bases.

RESINOL OINTMENT.—Resinol ointment we have found a God-send to persons who chafe between the thighs and who are subject to profuse sweating around the scrotum. This condition in hot weather becomes so severe that the individual can walk only with the greatest discomfort and pain. In one case, after the persistent use of many agents, both dry and oleaginous, a single application of resinol ointment for one night completely obliterated the abrasions, stopped the unpleasant secretions, and enabled the individual to walk with comfort. We have employed it in many other similar cases with only the best of effect.

We are not aware that the composition of resinol is known to the public. This is unfortunate, for with some such an omission on part of the manufacturer would prevent its more general use. We have no axe to grind; no favors to give or take. But when we find a remedy that will cure the stubborn conditions met by resinol ointment, we are ready to hold up both hands for it. It has given instant relief in the case of a very painful hemorrhoidal tumor, but did not effect a cure. Give these agents a trial and see if you would part with them.

H. W. F.

SAW PALMETTO.

Saw Palmetto is a remedy which has now been before the profession long enough to establish for itself a permanent place in the *materia medica*. This is an agent which experience has shown to be well adapted for the relief of certain irritable and inflammatory conditions of the urinary tract, more especially of the urethra and bladder, although it is also a diuretic of considerable worth. Saw Palmetto and sandal wood, combined as an elixir, forms the basis of several proprietary and patented preparations advertised as beneficial in gonorrhea and other forms of urethral disease. The combination is extensively used, and there is no doubt as to its efficiency in some of the conditions cited. We frequently use saw palmetto in gonorrhea, and have brought some cases to a successful issue without any other remedy, and without urethral injections. The dose, however, has been somewhat large, from a half to a teaspoonful of the specific medicine every three or four hours.

Elixir saw palmetto comp. is quite frequently prescribed in cases where the urine is scanty, high colored, and voided frequently with pain. A teaspoonful of the elixir saw palmetto every four hours affords marked relief in such conditions.

This remedy in various combinations and singly, has never failed us for ten years, and some of our friends who at first were rather inclined to regard our enthusiasm as cranky, have since become constant prescribers of the remedy. One colleague who remarked ten years ago that he would not give a penny for a barrel of sp. medicine saw palmetto now uses it extensively. Saw palmetto, like a great many other new remedies, was at first injured by excessive praise;

the remedy was lauded so highly that it could but disappoint many who were led to expect too much from it. But notwithstanding all this, the medicine has established for itself a permanent position and there is no other agent that can take the place of saw palmetto. Whatever the cause, whether it be from irritating properties in the urine or from inflammatory secretions, cystic or urethral, specific or non-specific, with or without discharge, the remedy will give more or less relief. We very much doubt the power of saw palmetto to reduce an enlarged prostate, and are inclined to believe that enlarged prostate is not as frequently present as commonly thought; but should there be an inflammatory swelling of this gland, saw palmetto, by relieving irritation, would tend to bring about a cessation of inflammation and a subsequent reduction in volume. We have found in practice that the remedy acts best when given in hot water, and the directions are always, a teaspoonful sp. palmetto in half glass water as hot as agreeable, every four hours. Saw palmetto does not cover a very large field, but it is extremely efficacious within its limitations.

CACTUS.

Cactus is a heart regulator; especially in functional lesions, cactus acts well and even in abnormal structural conditions, cactus, while not causing a cure, markedly relieves irregularity, tension and the feeling of distress and irritability accompanying these states. Cactus is of value in the cardiac palpitation and nervous irritability so common in females during the menopause, and will prove a boon to the physician and his patient when used judiciously.

In tobacco heart, there is hardly a cardiac remedy known to the writer that will relieve so promptly; in this case, one drachm of the medicine is added to four ounces of water; dose, teaspoonful every two hours. Cactus has been regularly used for the last twenty-five years and is one of the remedies we are never without. In hysterical cardiac troubles cactus is the remedy par excellence; it allays the nervous excitability upon which the rapid and irregular heart action depends, and soothes the turbulent and agitated patient into quietude and rest. The remedy will often be indicated in dysmenorrhea; not that it is a pain reliever but that it relieves the functional cardiac disturbances frequently arising in this trouble. We frequently combine cactus with pulsatilla and senicio, for amenorrhea or dysmenorrhea, and have always been gratified with the results. Cactus is valuable as a remedy in the rapid and feeble heart-beat of anemia and chlorosis; it will relieve the cardiac palpitation and nervous fluttering in so far as these are due to functional wrongs; but it will not cure anemia, and is only useful in this disease to relieve the cardiac symptoms while the patient is being restored to health by hygienic, dietary, and ferruginous treatment. Several of our female patients have come to learn of the beneficial results of cactus in case of cardiac palpita-

tion and nervous or functional heart troubles, and it is not uncommon for the husband or some member of the family to call for some of that "green heart medicine." It has become a family remedy. The amount of the remedy added to water or other vehicle is from ten drops to two drachms, water $\frac{3}{4}$ iv; the dose is usually a teaspoonful of this mixture every two or four hours.

One case in which cactus proved curative was rather aside from the usual indications. A gentleman, age 30, complained constantly of pain in the back muscles and over the region of the kidneys; nothing but opium or morphia would relieve the pain, although many other remedies were tried. At last being at a loss what to do, cactus was given because there was some cardiac irregularity and mostly for the reason that there seemed to be nothing else even likely to relieve. To our great satisfaction and surprise, we must admit, relief was immediate and no other medicine was needed, the patient grumbling because the remedy was not given sooner.

L. W.

MALPRACTICE.

One good feature of the laws of Europe is that malpractice suits do not obtain. It seems that in free America the evil inclined and a low class of charity cases are always figuring on getting something for nothing, or blackmailing a physician to produce silence on account of permanent injuries following some accident in which the physician or surgeon had been called to attend the case. About the only safeguard that the physician or surgeon has to ward off this class of invaders is to keep himself continually protected against having property in sight in his own name, by his own accumulation or inheritance. The following petition, which is a correct copy, is a signal for a legal fight:

COURT OF COMMON PLEAS.**J. A. F., Plaintiff, vs. T. L. G., Defendant. PETITION.**

On or about the 2d day of August, 1901, plaintiff had the bones of his right arm broken and fractured at the elbow, and dislocated at the shoulder and elbow, and on the said day the defendant holding himself out as a surgeon and assuring plaintiff that he could put him in good condition and effect a successful cure, the plaintiff employed him as such surgeon for a reasonable reward to set said broken bones in their proper place, reduce said fractures and set his arm, and to attend on the plaintiff until he should be cured. The defendant thereupon entered upon said employment, but was so negligent and unskillful in setting said bone and arm, and in attempting to reduce said fracture, and in attending and dressing said arm, that the same is still badly out of place at the elbow, is severely deformed and crippled, and continually causes plaintiff great pain and physical suffering.

By reason of said negligence and unskillfulness, the plaintiff's crippled condition is a great hindrance in his business, has affected his general health to a marked extent, has almost wholly incapacitated him for manual labor, and is of such a character that it increases in severity and grows worse all the while, thus rendering plaintiff a cripple for life, and all to his damage in the sum of \$5,000.00.

Wherefore plaintiff prays for judgment against the defendant in the sum of \$5,000.00, and for all proper relief. J. A. F. by E. P. V., Att'y.

It is the duty of the physician whenever assailed by this kind of a petition to at once secure the best attorney he can find to make the defense, and not be in any hurry in the filing of the answer to join issues with the plaintiff, allowing his attorney to file motions of dismissal for various reasons, and postponing the case in every way possible, so as to make the plaintiff all the annoyance he can, and compel him to continue the faking of his assumed injury. In the mean time, nature will have done much toward a restoration of the parts. Always remember that accusations in the petition are not proof, and that if the party suing has a permanent injury, it may be due to the accident and the wound, for which the defendant could not be held responsible. It may also be due to interference on the part of the plaintiff with the dressings, either loosening them or removing them, in which event the plaintiff could not recover, as the law specifically holds that the party asking for damage must not in any manner be a contributor to the injury for which he seeks damage. Oftentimes the shock of the injury and the wound of bloodvessels and nerves are responsible pure and simple for future distortion and pain, and no amount of skill, however diligently applied, could prevent bad results. In this event the surgeon can not be held responsible. It is also well for physicians to join with each other, and whatever may have been the cause of former disagreement between physician and physician, they should unite firmly to assist and resist in these legal controversies.

L. E. R.

SURGICAL MISCELLANY.

AMPUTATION OF THE BREAST IN CARCINOMA.—Mr. Gould, one of the chief surgeons of the Middlesex Hospital in London, advocates and executes one of the most radical operations in carcinoma of the mamma that I have witnessed any where in the old or new world. He makes a complete section of the pectoralis major muscle, removing it entirely in the completion of the operation. He then splits the pectoralis minor about an inch from its border, raising the muscle, and extirpates all of the glands, extending the incision into the axilla, removing every vestige of diseased tissue.

In conversation with the noted surgeon he claims that by this method of operating he is enabled to report very satisfactory results, with but a slight number of recurrences.

APPENDICITIS.—Frederick Treves, the London surgeon, of considerable eminence, assails the position taken by the New York surgeon in his description of the position of the appendix, known as McBurney's point, described and recognized by many American surgeons, and generally conceded as an honor to McBurney.

Treves claims that he has had a great many frozen sections made at the point described as McBurney's point, and that only one out of ten gives the true position of the appendix. To the general operator

in appendix lesions an imaginary line drawn from the antero-superior crest of the ilium to the umbilicus, and then dropping downward an inch below the middle of this line, practically gives the proper location for the incision ; and if the appendix should be a little above or dip down into the pelvis, or tortioned behind the head of the colon, it can be easily reached with the index finger through this incision, one inch below the center of this imaginary line.

I do not care much about the different names that are hyphenated with different surgeons for different surgical procedures, as the surgeon's name is often forgotten, and if recalled is meaningless in the extreme. Remember topographical and anatomical marks, and that will always be sufficient.

VAGINAL HYSTERECTOMY FOR CARCINOMA OF THE PREGNANT UTERUS.
—Professor Oldhausen, of the Fraulein Clinic at the Berlin University, advocates and executes vaginal hysterectomy in cases of pregnancy where cervical carcinoma shows unmistakably its destructive tendency. The surgeon claims that if the patient is allowed to proceed with the pregnancy until the time of delivery the disease still advances, and the poison following the cervical lacerations at time of delivery is so destructive to the patient, that as a last resort, he advises immediate vaginal hysterectomy as soon as the diagnosis is confirmed.

Investigations as to the cause of death in early anesthesia prove that it is due to respiratory failure, although occasionally death is recorded in which respiration was efficiently performed, and the heart ceased its beat immediately without any imperceptible irregularity of the pulse volume—the stopping of the pulsations of the heart taking place without warning. The greater frequency of deaths had been noted in the earlier administration of the anesthetic before any surgical procedure had obtained.

In London nearly 100 deaths were reported from chloroform in one year. Seventy per cent. of these took place before the operation was started. It is conceded that the fall of blood pressure from chloroform is due to vaso-motor paresis and heart paralysis combined, with the former as a chief factor ; that vagus inhibition is not in itself sufficient to permanently stop a sound heart, but that it might stop a diseased heart in a person who was under high tension and greatly excited.

It is therefore better always in the administration of an anesthetic that the patient be brought into a state of tranquility before the administration of an anesthetic, and that the room be perfectly quiet and occupied by only the anesthetist and the subject ; and as the administration of the anesthetic takes place, the anesthetist should suggest pleasant ideas, and the patients not unlike the portrayal of Bryant's "Thanatopsis," "Wrap the drapery of their couch about them, and lie down to pleasant dreams."

L. E. R.

THE ECLECTIC MEDICAL INSTITUTE.

To the young man desirous of attending the Institute we say, you will in our opinion make no mistake. In support of this view we will call attention to the following facts: The Eclectic Medical Institute is now in its 58th year, and the last session was not less encouraging than those preceding. Our faculty is made up of men of national reputations, most of them being recognized authorities in their respective fields, as authors, operators, and specialists. We teach specific medication, a form of medication that is effective, pleasant, and established. Our graduates are successful in every State in the Union, and unite in saying that the name of the Eclectic Medical Institute is a tower of strength. The demand the country over is for Eclectic graduates; there are not enough to half fill the vacancies. This is particularly pleasant to the young graduate, who needs to go at once into practice. We say to whoever wishes to study medicine with a view to satisfaction and profit, study in an Eclectic college. To the graduates and friends of the Institute we say, your student will be well cared for with us.

THE SETON HOSPITAL.

One year ago the Seton Hospital was instituted, the announcement being made most conservatively through the Journal. We aimed not to over-estimate, preferring rather to permit our friends to meet a pleasant surprise than a disappointment. To say that it has been a pleasant surprise is to put it mildly, as the large number of visiting physicians can testify. The report of the first year has been beyond our most sanguine expectations, both as to the patients treated and the results. This, however, will serve as a subject for a future article, our object now being to call attention to the fact that whoever wishes hospital facilities under the patronage of Eclectic surgeons and physicians, can be served here and well served. Make arrangements in advance, if possible, through your resident physician to insure room on arrival. It may interest our friends to hear that over one thousand dollars have been spent in improvements and additions to the hospital the present summer. The Seton Hospital amphitheater and operating room are exclusively used by the students of the Eclectic Medical Institute.

DR. KANNELL ACQUITTED.—Dr J. W. Kannell, of Ft. Wayne, Ind., was bound over to the grand jury last June charged with involuntary manslaughter. The charge was, that in performing an operation he did it so unsuccessfully, carelessly and negligently as to cause the death of a certain patient. The operation was performed at a hospital in that city on a woman, who lived thirty-three hours afterwards, and undoubtedly died from the shock. Dr. Kannell was assisted at the operation by the two Drs. Harrod. Dr. Kannell and his two assistants are graduates of the E. M. Institute, and we are satisfied that the entire prosecution instituted against them was the result of malice and prejudice, as the grand jury, after a thorough investigation of the matter, failed to bring in an indictment on Sept. 17.

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COMPETENT authorities agree that very LITTLE MEDICATION is required or is DESIRABLE in the treatment of this disease.

It is necessary to CONTROL the TEMPERATURE of the patient, and the best means of reducing dangerously high temperature is by repeated sponging of the body with tepid water, the use of the wet pack, or when the surroundings will permit, the employment of the full bath.

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VOL. VIII.

OCTOBER, 1902.

No. 10.

BOOK NOTICES.

PEDIATRICS—ORTHOPEDIC SURGERY. This volume of 225 pages comprises volume eight of the practical medicine series. The practical medicine series of year books consists of ten volumes of the year's progress and is issued monthly; under the general editorial charge of Gustavus P. Head, M. D. and is published by The Year Book Publishers of Chicago. Price \$1.25.

The present volume is edited by W. S. Christopher, M. D. John Ridlon M. D. and Samuel J. Walker, M. D. To those familiar with pediatric literature Dr. Christopher needs no introduction. His contributions to this branch of literature being quite extensive. The introduction is good reading of itself and the division of the subject matter is certainly unique. The author states that "A factor which profoundly affects the child, but is entirely eliminated in the adult, is development. It is a distinguishing feature of pediatrics, it is the keynote. The immature infant approaches its complete or adult stage in obedience to the impulse imparted to it by heredity. Its progress toward this goal is modified to a greater or less extent by its environment. The present elevation of man over other animals has been shown by John Fiske to be due largely, if not entirely, to his lengthened period of plasticity, his prolonged infancy. Environment can be controlled largely to the advantage of the individual. To do this best, it must be done systematically. For this purpose it is necessary to know—1, the natural history of development in its physical, mental and moral aspects—heredity; 2, to classify the environmental influences into co-ordinate independent groups with some at least of their more important subdivisions; 3, to determine the resultants of these two comprehensive etiologic factors, as expressed in anatomy, physiology and pathology; 4, to marshal such forces as are at our disposal for the control of environmental influences; and the

resultants. Thus it becomes the function of pediatrics to make of the given child the strongest possible adult, and in this way does pediatrics become the constructive branch of internal medicine."

We have given this extended notice to the introduction owing to the pronounced position given this neglected branch of medicine by the author.

The classification of the subject matter as we have said is unique. He divides it into two general classes,—*a*, etiology; *b*, pathologic resultants. *a*, is again divided into heredity and environment; *b*, into anatomic and functional. Under *a*, we have considered growth and development; under *b*, nutrition and the disorders arising from faulty and insufficient nutrition, as well as those arising from infection. The second portion deals with the anatomical and pathological results arising or resulting from diseases of the several systems composing the animal economy.

The second portion of this little volume is devoted to orthopedic surgery, is edited by Dr. Ridlon, and is of equal interest to the general practitioner. It comprised the gist of the literature on this branch of medicine for the past year.

The book is composed of abstracts from current medical literature conveniently arranged with numbers and cross references which materially assists the physician in tracing his subject. Reference is also made to the original article and journal which the abstract is taken, thus enabling one to find it in case he wishes to.

The book is certainly one of the best year books we have been permitted to see. The arrangement and divisions of the subjects are such as to make it of equal value to the general practitioner and specialist. Each volume of this series is complete of itself in its special department of medicine.

W. N. M.

PRACTICAL DIETETICS. With special reference to Diet in Disease. By W. G. Thompson, M. D. New York: D. Appleton & Company. Cloth, \$5.00.

The subject of dietetic treatment in disease is a very important factor in the cure of many cases the physician has to treat. Often he is defeated, not from lack of skill on his part, but from improper feeding, either as to quality, quantity, or mode of preparation of the food. Dr. Thompson has given us a practical work on dietetics, and therefore a work of great value. He furnishes an appropriate diet for each disease that is influenced by right feeding. The physician can not make a mistake in purchasing this work.

R. L. T.

We have just received the forty-second annual publication of the Massachusetts Eclectic Medical Society for the year ending June 5, 1902. The pamphlet contains 24 pages, and is paged serially so that all of the various semi-annual publications of this Society can be bound together in one volume.

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"During the recent summer, I believed I saved the life of a little negro boy by the use of Echafolta and this remedy alone. He was about four years old, and his surroundings were of the most unsanitary character and his nursing the poorest imaginable. In spite of these unfavorable conditions he recovered after an exhaustive disease lasting more than two months. The trouble began very much like a case of continued fever; but of a low type. He continued to get worse and about the second week experienced an alarming condition approaching collapse. The heart action became very feeble and intermittent. Following this depression came an exhaustive diarrhea of a choleraic character. I easily controlled this diarrhea with rhus aromatica. At this juncture septic infection became evident and the lungs were involved with a pneumonia of quite pronounced severity. I then began administering ten-drop doses of Echafolta. This had the effect of mitigating the symptoms considerably, and in a few days his condition was so much improved that I stopped the remedy, and then the symptoms became greatly aggravated. I again resumed the Echafolta, when a complete change for the better took place, but it was followed by another profuse diarrhea and I discontinued the Echafolta and again controlled the diarrhea with rhus aromatica. At this stage of the disease (third week) circumscribed, inflammatory swellings appeared on various parts of the body. These were sluggish, and, at first, quite painful, but soon developed into abscesses and would break spontaneously, discharging a sanguous and offensive pus. The abscesses continued throughout the course of the disease (ten weeks) and numbered at no time less than six, appearing chiefly near the joints, on the neck, in the groin, on the back and one on the scalp. Feeling convinced at the time that Echafolta was the only remedy administered that seemed to hold the disease in check, I put him on ten-drop doses every three hours and kept him on it until complete recovery took place. From what I observed in this case I believe that the boy could not have lived without the remedy, for whenever it was discontinued he became alarmingly worse, and whenever it was resumed, his condition became better so promptly that I could attribute it to no other cause. The boy to-day is strong and hearty and shows no ill effects of his serious illness."

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• EDITORIAL FROM E. M. JOURNAL

MATERIA MEDICA AND THERAPEUTICS, Preventive Medicine, Chemistry, Forensic Medicine. Edited by Geo. F. Butler, M.D., Henry B. Favill, M.D., Norman Bridge, M.D. and Harold F. Mayer, M.D. Vol. VII. Price \$1.50. Year Book Publishers, Chicago.

This volume is one of a series of ten year books, covering the entire field of medicine and surgery. In vol. vii, under the head of Materia Medica and Therapeutics, not only new drugs and their value are given, but new uses for old remedies; also hydrotherapy, massage phototherapy and electricity are considered. More attention is being paid today than ever before to the best methods of preventing disease. A portion of this volume is devoted to this important phase of medicine. The portion devoted to climatology is made up of articles condensed from the writings of men who reside in the various sections considered, hence its practical value. A chapter on Forensic Medicine closes this valuable little book.

B. L. T.

A HISTORY OF THE ANCIENT AND VENERABLE ORDER OF ESENCEANS, including a succinct History of the Bnai Israel. By John A. Jeanccon, M. D. Published by the author, Newport, Ky. Flexible leather; Price \$1.00.

Some years ago, when the talented German scholar, Dr. Fr. Hoffman, visited this reviewer, among others to whom he was introduced was Prof. J. A. Jeanccon, who took an interesting part in that his personality and his breadth and depth of knowledge so strongly delighted that conspicuous German student. Since that time, in referring to his Cincinnati visit, this scholar, Dr. Hoffman, has more than once mentioned the delight derived from that audience with Prof. Jeanccon. Just one word more in connection with the personality of the author of the book under consideration, which will be permissible with the readers of this Journal. In a time to come the students who listened to his discourses will surely have reason to pride themselves on that fact, and also that they have on their diplomas the name of so remarkable a man, talented in so many diversified directions.

And now to the subject before us. This book is a marvel in itself, introducing to us as it does the extraordinary field of information at the command of its author. As is well known, we have in this country a thrifty order known as the Essenica, to the larger share of whom probably this book will prove most valuable and interesting reading. But not alone the Ancient Order of Essenics will find its pages useful. Whosoever has studied Scripture or ancient history, or has read the Bible, or has been concerned in the literature and customs of oriental and eastern countries, or who thinks at all outside a narrow line, must be entranced as by a romance. It is, to put it tersely, a magnificent study of a subject interesting alike to Jew and Gentile, to Christian and Pagan, to whomsoever is concerned (and who is not?) in the traditions and histories of the past. It cannot be reviewed as a book in the space at the command of the reviewer, who proposes,

however, in a future number of this Journal, to present the readers with a few abstracts and a few connected remarks concerning its contents. But enough: this foreword is to say that this remarkable production of our talented friend and scholar, Prof. Jeancon, is a study, a history, a romance, and a book of instruction all in one. It is beautifully written, the thoughts are clearly expressed, and the information extended invaluable. Prof. Jeancon has credited himself and his associates; his production has also given the Essenic Order a compliment few men could have shown them, and in it all the author has honored the school of medicine to which he belongs. J. U. L.

THE COMPOSITE MAN. By E. H. Pratt, M. D., Chicago.

The "Composite Man" is presented in such an interesting way that the anatomy of man really becomes fascinating in the place of dry and uninteresting. It is not only entertaining reading, however, but profitable reading. The reader will have broader views as to the methods to be used in the treatment of the sick. He will realize as never before, the dual nature of man, and recognize that a successful treatment must include medicinal, manual, and suggestive therapeutics. I know of no other book of like character that can so heartily be recommended to the physician, to the student, and to the laity.

R. L. T.

Electro-therapeutics, Radiography, Thermo and Hydro-Therapeutics are practically and thoroughly covered in the Journal of Advanced Therapeutics (800 pages issued monthly, \$3.00 per year.) The reader is invited to join the "Founders" Club, and to all who order during 1902 the price is \$2 for the first and each succeeding year. It is only requisite that you address following order to "Advanced Therapeutics," 156 Fifth Ave., New York. Send me until countermanded (to Dec. 1902 free) the Journal commencing Jan. 1903, per year \$2, for which I will pay at the close of the year.

COLLEGE AND SOCIETY NOTICES.

OFFICERS of the American Association of Official Surgeons, elected Sept. 11, 1902:—President, L. G. VanScoyoc, Kansas City, Mo.; 1st Vice President, Dr. A. B. Grant, Albion, Mich.; 2nd Vice President, Dr. M. K. Kreider, Goshen, Ind.; Secretary, Dr. F. W. Range, Roseville, Ill.; Treasurer, Dr. T. E. Costain, Chicago, Ill.; Censors, Dr. W. E. Bloyer, Cincinnati, O.; Dr. C. A. Weirick, Chicago, Ill.; Dr. G. L. Freemeyer, Benton Harbor, Mich.

The North-Western Ohio Eclectic Medical Association will hold its next quarterly meeting at the Phoenix Inn, Findlay, Oct. 14, 1902. There will be an interesting time: short speeches, short papers, an interesting clinic, and election of new officers. Everybody is invited.

JOHN J. SUTTER, Secretary.

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The forty-seventh annual meeting of the Connecticut Eclectic Medical Association will be held at the Allen House, Hartford, Tuesday, Oct. 14th, beginning at 10 a. m. Dr. George A. Faber, Waterbury, Secretary.

It is stated by good authority, that a scheme is on foot to have the next Legislature of Illinois, create a Hod Carrier's Examining Board. The object of said board is to prevent left-handed hod-carriers from engaging in the practice of hod carrying in the state. It is understood that the board is to be composed of eleven members as follows: Six Irishmen, four Negroes, and one white man.—*American Medical Journal.*

PERSONALS.

Died, Aug. 1902. Dr. E. A. Goodsell, at Afton, N. Y. He was a graduate of the New York Eclectic College in 1882.

Died, at Princeton, N. J., Willis M. Wright, of Denver, Colo. Dr. Wright was a graduate of the E. M. I. in 1882, and subsequently studied Theology at Princeton.

Wanted, Several good Eclectics to locate in Lansing, Mich. I have been in active practice for over thirty years and am now past 84, and wish to retire. For further particulars address with stamp, Dr. J. Bender, Lansing, Mich.

We have just learned that Dr. Moses S. Canfield, of Frankfort, Ind., E. M. I. '73, has been appointed to succeed Dr. Curryer as the Eclectic member on the Indiana State Board of Medical Registration and Examination. Dr. Canfield is an ex-president of the Indiana Eclectic Society, and we are satisfied he will fill the position with credit to himself and to our school of medicine.

W. C. HATCH, M. D.—Memorial services for Wm. Collins Hatch, M. D., were held in the Methodist Episcopal Church of New Sharon, Me., his late residence, the 31st ult., the address being delivered, at his request, by his closest friend, Fredrick Wallace Abbott, A. M., M. D., Ph. D., of Taunton, Mass. Dr. Hatch was the leading eclectic in Maine, and by his writings, both medical and historical, had gained a national reputation.

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READING NOTICES.

As the season is at hand when typhoid fever usually prevails, the attention of physicians is directed to the Merrell Company's advertisement of solution bismuth and hydrastis which appears in this number of the Journal. An article upon this subject, written by Dr. J. A. Knight, of Eatonton, Ga., was published in the Cincinnati Lancet Clinic, a reprint of which will be sent to any physician, upon request.

Lithia water tablets promote the activity of the kidneys, increase the elimination of urea, and convert uric acid into a soluble form. These properties are an indication of their value in practical medicine. Their chief applicability is in gout and lithæmic conditions. By their instrumentality in conveying deleterious products harmlessly from the system they prevent its accumulation and, consequently, the damage which its constant presence inflicts. They will, therefore, often be efficient in saving the kidneys from disorganization and the patient from the agonies produced by the passage of a calculus. By an analogous action they obviate the formation of stone in the bladder and alleviate inflammation of that organ. These tablets are, moreover, of much service in rheumatic conditions, both articular and muscular. Warner's effervescent lithia water tablets are likewise useful in Bright's disease, acting as a diuretic and reducing albuminuria. In this manner they prevent the accumulation of toxic products.—*Monthly Cyclopaedia of Practical Medicine.*

PAPINE.—In discovering this drug Battle & Co. has conferred a lasting favor on the medical profession. We know the opium of which they make their Papine is the best. Papine has a place in my medicine case and it is emptied as often as any vial in the whole case. I nearly always have a bottle with my obstetrical cases for after pains and always feel like it will do the work. I used it lately on a case of threatened abortion with excellent results, also in a case of severe uterine colic. I find with Papine I do not have to use my hypodermic syringe so often. W. E. RUSSELL, M. D. Wyatt, Texas.

I have used bromidia in cases of insomnia, restlessness and threatened convulsions, with surprising results, finding a dose of from drops 15 to one drachm to be sufficient, according to age and how often to be repeated. I have combined bromidia with papine where I wished to annul pain with excessive nervousness, the combination acting very happily also in bladder troubles. I use bromidia and papine very much in my family. CHAS. E. QUETIL, M. D. Philadelphia, Pa.

Dr. J. Kerr, of Ash Grove, Mo., says: "Neurilla is a natural quieting agent, which produces a normal condition in the patients, so unconsciously to them that they hardly realize any medication is taking place."

We all know how very trying it is to the physician, to say nothing of the unfortunate patient, who after hours of suffering from labor pains, finds herself tired and greatly exhausted, because of a rigid os.

This condition is frequently encountered by all obstetricians, and unless relieved prolongs labor and depletes the vitality of the patient. In these cases H. Marion Sims, M. D., uses Hayden's Viburnum Compound with good success, and if this eminent practitioner so readily endorses H. V. C. we have no hesitancy in freely recommending its use in the above condition.

WHY COCA IS A STIMULANT.—How many of our readers appreciate the true value of coca as an all around remedy? Not cocoa, from which chocolate is made, but coca, from which that potent substance cocaine is prepared. It requires one ounce of coca leaves to make one grain of pure cocaine, and that alkaloid is but one of many contained in these marvelous leaves. It is because of the modified action of all the constituents that the whole drug is possessed of different therapeutic properties, and is specifically greater than any one of its parts. Coca is a nervous stimulant, acting primarily on the cerebral cells, but in this action having an elective affinity for the respiratory center and a chemico-physiological depurative influence on the blood. It is from this latter cause that coca has such a wide spread usefulness. Unlike any other nervous stimulant, coca is not followed by depression, though in full doses a brief period of depression may precede its physiological action.—(*Mortimer's Peru: History of Coca*, p. 224.) Thus the combination of wine with coca, such as in the well known Vin Mariani, is not only purely scientific, but a commendable preparation that presents an agreeable means of exhibiting the positive merits of properly preserved coca.

PTOMAINE POISONING.—During the past summer I had, perchance, more cases of ptomaine poisoning than in all my previous twenty-nine years of active practice. I treated altogether twelve cases, of which nine were fish, and three lobster poisoning.

The best illustration of a severe case of fish poisoning, is the case of William R., a grocer, thirty-two years of age, of robust and good health. He made his lunch of fish (none of the family could give me any information about the class of fish). It was an unusually hot day, in the month of July. He felt no discomfort until after midnight that day, when he was awakened by nausea and griping pains in his bowels. Soon vomiting of mucus set in, colored with bile. When I was summoned, I found the man with cold perspiration pouring down his face. Soon after, fever set in to a temperature of 102; pulse, 140; respiration about 40, shallow and irregular. Pain in the stomach and intestines, with great sensitiveness on pressure. I proceeded to wash his stomach and large intestines, administering right after a dose of five grains of calomel, following it up, the following

morning, with a bottle of citrate of magnesia, for the cleansing of the small intestines. Morning's temperature 101; pulse 130; with excessive tenderness to the digestive tract. Second day, temperature the same, pulse more firm; sensitiveness to stomach and bowels diminished; having had a number of watery stools during previous day and night. I prescribed an antiseptic intestinal wash, Glycozone, two ounces, hot water, twenty-four ounces, for mornings and evenings. At my evening's call the temperature was 100; pulse 110; respiration 28. Having had some favorable experience with the internal use of Glycozone in acute gastritis, I then prescribed a tea-spoonful to be given, diluted with water, every three hours. This treatment was kept up for a week, until all unfavorable symptoms disappeared.

All other cases were treated similarly, with gratifying results.

However, taking good advice from my first case, I started with the antiseptic treatment at once, as I don't know of any better remedy to stop vomiting than Glycozone.—ALEX. RIXA, M. D., *Med. Summary*.

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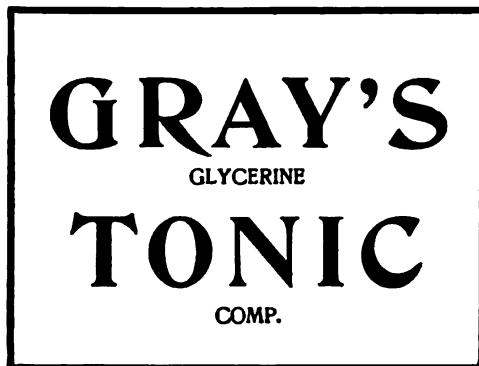
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VOL. VIII.

SEPTEMBER, 1902.

No. 9.

BOOK NOTICES.

THE ECLECTIC PRACTICE IN DISEASES OF CHILDREN. For Students and Practitioners. By William Nelson Mundy, M. D. 12mo, cloth. Price \$2.50. The Scudder Brothers Co., Publishers, Cincinnati.

[Continued from page 460]

Twenty pages, including chapters vii and viii, are given to a consideration of diseases of the liver and peritoneum. Diseases affecting these parts are not of frequent occurrence during childhood. Acute jaundice, or icterus neonatorum, however, may occasionally be seen during the first months of life. As suggested, aconite and chionanthus will usually be called for, and readily overcome the difficulty.

Chapter ix takes up diseases of the respiratory apparatus, and in over a half hundred pages the various affections of the nose, pharynx, larynx, trachea, bronchial tubes, lungs and pleura, are exhaustively studied. A determination of these troubles largely depends upon a careful local examination; in view of this fact, the author has devoted a fair portion of the chapter to a careful consideration of *physical diagnosis*, rendering the matter very clear and comprehensive.

Through the intervening chapters to chapter xv there will be found much to instruct and interest one in the etiology, prognosis, diagnosis and treatment of the diseases of the heart, genito-urinary organs, and nervous system; likewise a special chapter on adenitis, which will be found of special benefit in the practice and study of the diseases of children.

Chapter xv is probably the most important, from a practical standpoint, in the work, viz., the specific infectious diseases, which are likely encountered more often than any other during early life. One of the most dreaded diseases of childhood, diphtheria, is the first of this class to be considered. The most recent pathology is included, and carefully investigated and studied. The disease is recognized as

of microbic origin, the Klebs Loeffler bacillus being the specific germ. A pains-taking study of the symptoms renders the diagnosis clear and easy. The treatment is typically Eclectic, both local and internal, depending on the most pronounced specific indications. No reference is made to antitoxin. We infer that the author has found the Eclectic treatment, based upon specific medication, all sufficient, or at least more satisfactory than the results obtained from serum therapy. The other diseases that all physicians must contend with frequently, and come as epidemics from season to season, are as to symptoms, diagnosis, treatment, etc., included, viz., small pox, variloid, chicken pox, measles, scarlet fever, whooping cough, mumps, etc., including as well vaccine and vaccination.

Chapter xvi is given to infantile syphilis, as is xvii to tuberculosis. Febrile diseases is the subject of chapter xviii, and all the fevers peculiar to children are considered. The chapter is very comprehensive and interesting.

Chapter xix, diseases of the eyes; chapter xx, diseases of the ears; chapter xxi, diseases of the skin—are particularly valuable, and give a consideration of the ordinary diseases of these important organs and parts not usually found in a work of this kind.

The last chapter, xxii, on rheumatism, refers especially to the numerous sequelæ that may follow this disease and become manifest in children. We commend this work, after looking it over carefully, as the most practical, and surely among the very best of any that has yet appeared, and bespeak for it a sale that will give it a wide circulation.

R. C. W.

PHYSICAL DIAGNOSIS. By Gibson and Russell. Third edition, revised and rewritten, by F. C. Boyd, M. D. 12mo, 448 pages, cloth, \$2.50. D. Appleton & Co., publishers, New York.

The authors of this book have given to the profession, in a concise form, much useful information. The subject of physical diagnosis is briefly but plainly presented, and well illustrated. Then follow brief but instructive articles on temperature, integumentary systemic diseases, and of the circulatory system, examinations of the blood, diagnosis of diseases of the abdominal viscera, urinary system, nervous system, special senses, and an article on clinical bacteriology. These make the book useful and instructive to physicians.

J. R. S.

PRACTICAL MEDICINE SERIES.—Volume VI. General Medicine. By F. Billings, M. D. 12mo, 271 pages, cloth, \$1.50. The Year Book Publishers, Chicago.

In this issue (vol. vi) there is much that will commend itself to the busy practitioner. It gives the main facts in regard to the history, causes, methods by which they are contracted, character and diagnosis of several diseases, in a compact, comprehensive form, as they are understood by the leading authors of this age, thus avoiding the ne-

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EDITORIAL FROM H. M. JOURNAL

cessity of perusing a large amount of the current literature of the year. The article on typhoid fever is especially instructive. The treatment is that which is recognized as the best by the old school of medicine, and contains many useful suggestions.

J. E. S.

QUAIN'S DICTIONARY OF MEDICINE. By various writers of England. Third edition, rewritten and revised. Edited by W. Montague Murray, M. D.; assisted by J. Harold, M. D., and W. C. Boasquet, M. D. New York: D. Appleton & Co. 1892 pages, 8vo, cloth, \$10.00.

Unlike many so-called revisions in which only slight changes have been made here and there, this work has had a complete overhauling, and comes out practically a new work, retaining, of course, the original style and excellent features introduced by Dr. Quain in the first edition. It is a reliable encyclopedic dictionary, skillfully planned and executed. Every article shows careful pruning and introduced improvements; cross references are abundant, making it a valuable medical and surgical concordance.

New surgical features bring the work up to the times, and "special branches" are given more space than heretofore. Many changes have been made in pathology and etiology, and diagnosis receives full consideration. Few works are better adapted for data for papers than this one, and it forms a library in itself for the practicing physician. Besides a great number of wood cuts illustrating the text, twenty-one full-page plates, fourteen of which are in colors, add to the beauty and value of the work. This book occupies a place wholly its own.

H. W. R.

WHARTON'S MINOR SURGERY AND BANDAGING. New (5th) edition, thoroughly revised. By H. R. Wharton, M. D. 12mo 612 pages, with 209 illustrations, many of which are photographic. Lea Brothers & Co., Publishers, Philadelphia. Cloth, \$3.00.

Surgery progresses so rapidly that one's surgical library soon gets behind the times; indeed books upon the subject need frequent revision. This book has sold so rapidly that frequent opportunities have presented for its revision, and it has been done. The volume contains much more than its title indicates, for while it furnishes a detailed description of the various bandages, surgical dressings and minor surgical procedures employed in present-day surgery, it has in addition sections on Tracheotomy, Intubation, Ligation of Arteries, Amputations, Operative Procedures on the Cadaver, and also a valuable chapter on Surgical Bacteriology.

The author's clear, terse style, with an abundant selection of most helpful pictures, together make a work of great value for the practitioner and student, the popularity of which increases with each edition. We do not hesitate in commanding it to any one who wants the latest surgical data in a practical form.

W. E. B.

SAUNDERS' MEDICAL HAND-ATLASES.—Atlas and Epitome of Abdominal Hernias. By Dr. George Sultan, of Gottingen. Edited, with additions, by William B. Coley, M. D. 119 illustrations, 36 of them in colors, and 277 pages of text. W. B. Saunders & Co., Philadelphia. Cloth, \$3.00 net.

This new addition to Saunders' series of Medical Hand-Atlases covers one of the most important subjects in the entire domain of medical teaching, since these hernias are not only exceedingly common, but the frequent occurrence of strangulation demands extraordinarily quick energetic surgical intervention. While the well-known work of Macready will always remain a classic, it has never made any claims to deal with the operative side of the subject, and this is a side that, during the last decade, has been steadily growing in importance, until now it is absolutely essential to have a book treating of the surgical aspect of the subject. This present atlas does this to an admirable degree, and without question, will prove of very great value to the general surgeon and practitioner.

The illustrations are not only very numerous, but they excel, in the accuracy of the portrayal of the conditions represented, those of any other work upon abdominal hernias with which we are familiar. Indeed, like all the other numbers of this excellent series, the work is a worthy exponent of our present knowledge of the subject, and in its field is unrivalled.

We can make no better suggestion to Journal readers than this. Buy this book for a spare minute book. Then devote five to sixty minutes a day to its study, and when you have thoroughly mastered it, you will be master of the situation when a case of hernia presents, and this is very likely to happen frequently in the practice, whether you are young or old in business. The book is cheap, practical, thorough, though not large. When you are thoroughly up on hernia, you can study another special subject in the same way.

W. E. B.

A MANUAL OF INSTRUCTION in the Principles of Prompt Aid to the Injured. For military and civil use. By Alvah H. Doty, M. D. D. Appleton & Co., New York. Price \$1.50.

This is a work designed to instruct the laity in looking after and caring for the injured. Several chapters give the necessary consideration to the joints, blood, respiratory apparatus, digestion, the nervous system, and the special organs. The remaining chapters are devoted to the preparation and use of bandages, wounds, means of arresting hemorrhage, fractures, burns, scalds, and frost-bites; concussion and compression of the brain, asphyxia from drowning, poisons and poisoning. Also a chapter on the transportation of the wounded. This is a most instructive and valuable work; and having passed through four editions, demonstrates that the public and profession concede it.

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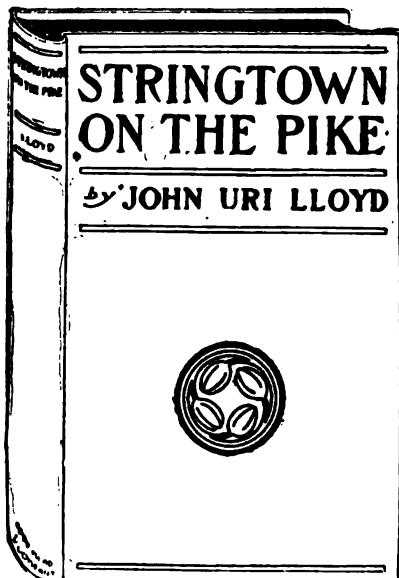
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COLLEGE AND SOCIETY NOTICES.

Texas Eclectics—Notice.

All Texas Eclectics, whether members of our Association or not, are urged to meet with us at San Antonio Oct. 21, 22 and 23, 1902.

Our program will be printed and distributed in a few days.

Those who have not yet reported subjects for their papers please do so at once. It will materially assist in completing our program.

Eclectic colleges and journals throughout the country are hereby invited to send visiting representatives. To such we extend a cordial welcome. We desire to make this meeting a social, intellectual and scientific feast.

Texas Eclectics are becoming justly proud of their state Association, and all who miss the coming meeting will miss a grand opportunity, if not the occasion of their lives. Fraternally,

P. A. SPAIN, M. D., President, Paris, Texas.

The fifteenth annual meeting of the American Association of Official Surgeons will be held in Chicago, Sept. 10 and 11, 1902. A program is being made up of lectures and papers by the leading specialists and practitioners in rectal, genito-urinary, and gynecological work, and in the treatment of all chronic diseases. H. C. ALDRICH, Pres.

Dr. Lucien N. Yost, of Fairmount, W. Va., has had a fine certificate of membership printed in Cincinnati for the W. Virginia Eclectic Medical Society, and they will be ready for distribution shortly. Quite a number of new members have been enrolled, and a membership of fifty is looked for by spring. West Virginia Eclectics, get in line.

PERSONALS.

Dr. A. B. Martin, E. M. I. '02 is now located at Bentonville, Ohio.

Dr Elmor E. Morris, E. M. I. '02 passed the Indiana Board with a high average, and is now located at room 8, Law Bldg. Ft. Wayne, Ind. He is a son-in-law of Dr. J. L. Smith.

Dr. Geo. H. Knapp, E. M. I. '02 passed the Indiana Board with a very high grade and is thinking of locating in Cincinnati.

Dr Carl G. Patterson, E. M. I. '02 passed the Oregon State Medical Board, and is located with Dr. H. E. Curry, the Eclectic member of the Board, at Baker City, Oregon.

Dr. G. H. Schenk, E. M. I. '02 passed the Indiana State Board and is located at Berne, Ind.

- Dr. A. O. Barclay E. M. I. '02 passed the Pennsylvania State Board with high general average and is located nicely at Somerset. Drs John R. Bangert, Chas H. Kirk, Dr. and Mrs. Livingstone, Henry H. Miller and E. F. Shaulis, also passed well. This makes a clean record for the college. 36 passed and no failures in six years.

J. Fred Wuist, M. D., of Dayton, Ohio, is now located corner Linden avenue and Fifth street. He will help locate six additional Eclectics in Dayton. Write him with stamp.

Dr. H. H. Blankmeyer, E. M. '88, formerly located at Portsmouth, Ohio, and who pursued a post-graduate course at the Institute last winter, has formed a partnership with Dr. Marquis E. Daniel, E. M. I. '88, of Honey Grove, Texas. Dr. B. does the general work, and Dr. D. devotes his attention to eye and ear work.

Dr. Geo. Morse, E. M. I. 1902, has passed the Missouri Board, and located at Ludlow, Mo., and is doing well.

LOCATIONS.—Good country location. Young graduate who has had a little experience preferred, in a town formerly having two Eclectics. Good opportunity for the right man. Nothing to sell. For particulars address with stamp Dr. J. H. Emery, Blandinsville, Ills.

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READING NOTICES.

The use of an alkaline cleansing solution in the treatment of nasal catarrh, was first suggested by the late Dr. Horace Dobell, of London, over a third of a century ago, and the remedy he recommended has become widely known as Dobell's Solution. While its use for this purpose has become so general, it is a misfortune that numerous and varying formulæ for its preparation have at different times and places been given by different writers. In the Medical Summary for October, November and December, 1901, Dr. Edwin Pynchon cites twenty-eight different formulæ as given by forty-one different authorities. It has been proved that the formula Dobell employed gave a solution somewhat too strong for general use, and the writer suggests a formula in which thymoline is substituted for carbolic acid, and by which a concentration is produced which is stable and portable, and which can at any time be suitably diluted for use. To this preparation has been given the name, Mixture Dobell-Pynchon, and it is being manufactured by The Wm. S. Merrell Chemical Company, of Cincinnati, who will, upon request, furnish a reprint of the paper alluded to, in which this preparation and its uses are fully described.

I have been engaged in the practice of medicine here for many years and the diseases which I am called upon to treat are mostly of malarial origin. Under such circumstances I am required to have a positive and efficient tonic for the hepatic organs. It is very difficult for me to get along without that tried and true remedy for the above conditions, chionia. I frequently use it alone and at other times in combination with other indicated remedies. I find it a real tonic for liver troubles and not a mere stimulant, that its administration promotes digestion and supplies the exhausted and run down liver with new energy. Another great advantage is that it has no depressing effects which ordinary purgatives possess.

L. WILLIAMS, M. D., Yorktown, Ark.

Hugo Engel, M. D. in Boston Medical and Surgical Reporter, says: "Antikamnia has become a favorite with many members of the profession. It is very reliable in all kinds of pain, and as quickly acting as a hypodermic injection of morphia. It is used only internally. To stop pain one five-grain tablet is administered at once; ten minutes later the same dose is repeated, and if necessary, a third dose given ten minutes after the second. In 92 per cent. of all cases it immediately stops the pain."

Convulsions may frequently be cut short, like magic, by teaspoonful doses of Celerina repeated at short intervals. The nausea as an after-effect of chloroform, or other narcosis, may generally be controlled in the same manner.

I have used Sanmetto quite extensively in my practice for a number of years, and have learned from the universally good results obtained from its use to pin my faith to it in all irritable or atonic conditions of the genito-urinary organs. I find it the true aphrodisiac in both male and female patients. Since I have used Sanmetto prostatitis has lost much of its terrors and cystitis has ceased to be the grave disease it was before its use. I shall continue to prescribe Sanmetto.

F. A. CROMLEY, M. D. Gallipolis, Ohio.

The one remedy which many years of experience proves is entirely free from detrimental effects, is Gray's Glycerine Tonic. This preparation is of pleasant taste, agrees perfectly with rebellious and sensitive stomachs, patients never tire of its continued administration, and it is extremely effective in restoring tone and vigor to the entire system. The entire freedom of Gray's Tonic from anything like drug effects, is one of strongest reasons why the best element of the medical profession have adopted the remedy for routine administration in all conditions associated with impairment of general health, lack of nervous energy, general exhaustion—in anæmia, malnutrition, neurasthenia, in chronic wasting diseases.

In papine advanced pharmacy has given us a perfect opium preparation. It possesses the anodyne virtues of opium and not the constipating and untoward actions. Papine may be briefly defined as the only opiate which is free from evil effects which I have just named. It is very prompt, in this respect excelling any other opiate, and it never produces nausea, constipation and the usual woes that go hand in hand with the old-time opiates. Papine is, therefore, the remedy which is indicated in all forms of inflammatory pain. It is given in doses of one teaspoonful every one, two, or three hours, until its anodyne action is attained. In giving papine, we can bear in mind that a teaspoonful represents the strength of one-eighth of a grain of morphine. Having this fact in mind, the dosage which is appropriate in any case will at once suggest itself.—G. S. TROTTER, M. D. New Albany Medical Herald.

Simplicity in treatment, especially in diseases of women, is an item of no small importance. Micajah's Medicated Uterine Wafers are particularly efficacious in leucorrhea, endometritis, gonorrhœa, etc., and as there is no powder to spill nor water to soil the clothing they offer an ideal treatment in the above conditions. Insert wafer in vaginal canal up to the uterus every third night, preceded by copious injections of hot water.

Neurilla should be given in teaspoonful doses every three or four hours in all fevers, as it relieves nerve-tension and conserves the vitality and strength of the patients.



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ORIGINAL COMMUNICATIONS.

PODOPHYLLIN.

By E. R. Waterhouse, M. D., St. Louis, Mo.

YES, we all know about Podophylin, and we all use it to a greater or less degree. That this is one of the old Eclectic "Samsoms" none of us will deny. It has been championed by members of our school since its introduction in the year 1847. There are two grades of the drug, still few physicians know any difference in it. One preparation is yellow, and contains more bellyache than any other property. The other is brown, and is the only preparation that should be used. The manufacturers prefer to sell the yellow, as they can get about a third more out of a given quantity of the crude root.

In large doses podophylin is a very undesirable cathartic, while in reasonable amounts it is one of our reliable medicines. I use it in the form of a trituration for children, 1 to 100, or for adults in doses of about the eighth or tenth of a grain, repeated at suitable intervals until the desired effect is produced. In combination with irisin and nux, it is more useful than when given alone. I am very partial to this combination of a tenth of a grain each. It will cure most of the cases of fermentative dyspepsia where we find a tongue too light in color, and also where there is a slight yellowish coating about the base of the tongue. It becomes a fine remedy to be used in connection with quinine in malarial conditions. (Never give podophylin in any case where there is a red tongue; this holds good with the above combination also.) The combination mentioned should never be given as an active cathartic, but only as a laxative. In cases of constipation and periodical attacks of sick headache, there is no remedy known to

me that will cure the case so it will stay cured, as will this pill or tablet of podophyllin, irisin and nux.

One indication for the use of podophyllin is where the urine is cloudy and contains phosphaates. The drastic action of a reasonable dose of the drug may be modified by combining it with leptandrin or a small amount of ipecac, and at the same time its action upon the glandular organs is increased.

Podophyllin being an eliminative, it holds a place as an alterative in old chronic cases. In such cases it is well to use it in the form of a trituration, or in combination with nux, irisin, and leptandrin, in doses only to cause a gentle laxative effect. Or the fluid preparation of the root may be added to any fluid preparation used as an alterative. In recent hemorrhoids no remedy is superior to the combination of podophyllin, irisin, nux and leptandrin. It is also a leading remedy in prolapse of ani.

In cases of the bowel troubles of children at the time of teething, it is used by many of our school in the form of a trituration, but it is inferior to calomel in doses of say a twentieth of a grain. I regard calomel in these cases as near a specific as can be found. Give a dose of a twentieth grain every hour until it acts upon the upper bowels and brings down their contents, then leave it off, and the diarrhea will be cured. In nearly every instance five or six powders or tablets will cure the case. Remember podophyllin in cases where we note full and large superficial veins. It is also a remedy where we note heavy dragging pains about the scrotum. In numerous diseases of the skin, especially in children where the complexion is dirty or waxy, give this remedy in small doses and you will seldom be disappointed.

Regarding the history of this drug there seems to be considerable difference of opinion. In the American Dispensatory I notice the statement that it was first made by our Dr. King in the year 1835; while in looking over an old copy of this Journal, Vol. 1, No. 1, of the date of January, 1849, I notice an article from the pen of Wm. S. Merrell, A. M., which I will quote in part.

"In the latter part of 1847, while making some hydro alcoholic extract of podophyllum, on setting aside the liquid after the alcohol had been evaporated off, I observed that a resinous substance had precipitated, which, from the analogy of its formation to that of the resin of jalap, I immediately inferred bore a similar relation to the podophyllum that that substance does to the jalap, and that it would be found to be in a great measure the active principle of the root from which it was obtained, and was not disappointed in my anticipations. About two grains of the partially purified resin were taken by a healthy young man then in my employ. For about six hours it produced no sensible disturbance. He then complained of feeling sick, and lay down. Two hours afterward on being aroused from sleep he purged and vomited profusely. It operated freely by purging

once or twice afterward. The next morning he felt perfectly well, and on inquiry stated that it produced no spasm or griping, but operated in all respects like a tremendous big dose of calomel. A few days afterward, my own bowels being constipated, I took at night a single grain carefully weighed and made into a pill with equal parts of sapo castile, which produced a free evacuation the next morning. After these trials I ventured to recommend it to the attention of the profession, whose testimony has been uniformly and decidedly in its favor. For the sake of brevity, and in accordance with suggestion of author of the U. S. Dispensatory in the article referred to, we named this new principle podophyllin."

Mr. Merrell also says: "In the third number of the thirteenth volume of the American Journal of Pharmacy, August, 1847, is published the 'Observation on Podophyllin,' by John R. Lewis, containing an account of an interesting series of experiments on that article. These experiments were probably made previous to my own, but were not published till a month after I had obtained the podophyllin, and introduced it to the notice of the profession."

In the February issue of this Journal, 1849, our "pappy" King tells of getting some precipitate from a hydro-alcoholic extract of the root in the year 1835, and believing it to be inert allowed a young lady to take some fifteen grains of it which caused the most terrible hypercatharsis he ever saw, and temporarily put her out of service.

So from what I can gather I believe that Dr. King found podophyllin and did not know what he had discovered, and said little about it, and some time afterward Mr. Merrell found it and put it before the medical public.

I well remember a case that came into my hands, where the subject was a firm believer in prayer as a cure-all—at least that was the way he had been treating the sick in his family, probably because prayer was cheap; but when he himself got sick his supplications to the Almighty did him no good, and he presented himself at my office. He had a terribly nasty tongue, with an extreme glandular clogging up; so I gave him a dose not quite as large as Dr. King gave the girl. It went both ways, and after he was through with his circus, he said he believed if he had had some of those nasty powders to have taken along with his prayers, he would have recovered anyway, without going to the doctor.

In hospital practice in the north woods of Michigan, we had numerous cases that were filled to the overflow with malaria—tongue the nastiest I ever saw, with a slight constant fever; to these I would give about three grains of podophyllin, together with about the same amount of powdered capicum. It would generally move both ways, and sicker mortals you would seldom see, but the outcome would be of the happiest nature. Those French Canadians that comprised nearly all of our patients would come in and tell you, "Doctor, I am sick; I want some medicine to physic me," and unless you gave

them something that would shake them up like an eruption of Mt. Pelee, they thought you were doing them no good, and in these cases podophyllin filled the bill to their satisfaction.

ERYSIPELAS.

By E. H. Moore, M. D., Rew City, Pa.

ERYSIPELAS is an acute, contagious, and infectious disease, characterized by local heat, pain, redness, and swelling.

Symptoms.—Erysipelas, after a short incubative period is ushered in with a quite severe chill. This is followed by a quick rise of temperature to about $102\frac{1}{2}$ to 103° ; the pulse becomes rapid and strong, the patient complains of pain in the head, back and limbs, is nervous, restless, and may become delirious. The first day or two there may be considerable nausea and vomiting, but this soon subsides. The bowels are usually constipated in the beginning, but this is generally followed by diarrhea. The tongue is covered with a white coating the first day, which soon becomes a thick, dirty yellow, or dry, brown and contracted, which points out the nature of the disturbance going on in the digestive tract. The urine is scanty and high colored, in accordance with the height of the temperature. The respiration is also increased, and is sometimes very rapid during a high fever. A greater part of the local manifestations are on the face, about the nose, eyes and ears, usually spreading to or from the adjoining mucous surfaces; but this disease is by no means confined to the face; the extremities are frequently the site, wounds become infected, and we have no reason to believe that any of the soft tissues of the body are exempt. The attention of the patient is first called to some spot on the skin by a sense of smarting, stinging, or burning. On examination a large or small circumscribed spot is found, which is bright red in color, and raised above the surrounding normal surface; the underlying tissues are swollen and oedematous, and pit on pressure; the red color disappears momentarily when pressed upon; the part feels hot to the touch, and gives evidence of great infiltration.

The second day will show the spot to have increased in size. It may have spread only in one direction, or crossed all the boundary lines of the day before. The color now commences to get darker, and blisters may form in various parts of the inflamed surface; these may dry up and scale off, or may break and discharge serum or sero-purulent fluid mixed with more or less blood. These spots sometimes become gangrenous, slough, and rapidly destroy the skin and underlying tissues, the temperature rises, the circulation becomes enfeebled, the patient becomes comatose, and is apt to die.

Etiology.—Erysipelas attacks all ages and either sex. It is more prevalent in the spring of the year and during cold, wet weather, but is found the whole year round. The cases are mostly sporadic, but

sometimes become epidemic, and it is especially troublesome in hospitals. The disease is in most cases conveyed by direct contact, but it in some way poisons surrounding objects so they will produce the disease in others, months or even years afterward.

Pathology.—The first manifestation is a local hyperemia, followed by serous infiltration of the tissues. This may be absorbed and carried away without serious injury to the tissues, or a necrotic condition may follow that is rapidly destructive to the part and dangerous to the life of the patient.

Diagnosis.—Erysipelas is very easily recognized by the redness, efflorescence, the creeping nature of the disease over the surface, the swelling and the burning sensation experienced by the patient, together with the systemic disturbance. Erythema resembles it to some extent, but is not accompanied by the general disturbance. Eczema is non-febrile and accompanied by small vesicles and intense itching. Simple dermatitis can usually be traced to a cause, and lacks the greater part of the symptoms of erysipelas.

Prognosis.—The greater part of patients afflicted with this disease will recover under proper treatment. The disease is dangerous according to the amount of surface involved, its proximity to vital organs, and the previous general health of the patient, together with his age. Where the eye becomes involved, the eyesight is greatly endangered. Erysipelas of the nose and throat may cause oedemaglottis, and result fatally from interference with respiration. Erysipelas affecting wounds or following surgical operations, depends more on the nature of the operation or depth of the wound than on the disease itself. Mild cases usually recover in a week or ten days; the more severe ones may cover several weeks time, and are dependent on complications which may arise during its course.

Treatment.—Our old school brethren are always looking for a gun that will shoot in all directions and with equal effect, no difference whether it is pointed at the object or not. Osler claims to have used the chloride tincture of iron as a routine treatment for several years in the Montreal Hospital, and winds up by saying that he don't think it did any good, and that he is not aware of any remedy that will. This goes a long ways to show why the hospital death rate exceeds that of private practice, as a private practitioner is liable to lose faith in one remedy, or fall out of his buggy and get a new bump in his head, in less time than that. I may have always had mild cases, but I have never had very much trouble with this disease, and believe it is about as easily influenced by treatment as any disease I know of. Where the patient is robust and has lots of vitality I give him a good big dose of the old antibilious powder, which cleanses the alimentary canal and insures the absorption of remedies and food administered. The tincture chloride of iron is perhaps the most frequently indicated remedy for erysipelas. It should be given internally and applied to the surface, pure, diluted, or mixed with glycerine in proportions

suited to the case. This remedy is indicated when the diseased surface is of a brownish red color, when the tongue is of similar color, dry and contracted. Dilute hydrochloric acid may be used for similar indications. Where the tongue is covered with a thin white coating, the papillæ showing through the coat quite plainly, with a tendency to the formation of blebs or vesicles on the diseased surface, I give a saturated solution of bicarbonate of sodium, alternated with specific rhus tox., and the proper sedative. If the tongue is covered with a thick yellow coat, sulphide of sodium is the remedy. Baptisia is frequently called for by the "frozen" appearance, and should be used both externally and internally. I mostly add or alternate the above remedies with the indicated sedative. In the gangrenous variety, the patient will require stimulant treatment, regardless of the height of the temperature, and the life of the patient will depend on our ability to successfully aid the forces of repair. In this case, and especially if the patient is aged, strychnia is the remedy, and it should be given in good sized doses, 1-30 to 1 15 grain, four or five times in the twenty four hours. The broken down tissues should be removed, and pure carbolic acid applied to the exposed surfaces, unless they cover too large an area, in which case part of the surface may be painted at a time until all has been covered, after which a light, dry, and antiseptic dressing should be applied. Erysipelas of the eye, ear, nose and throat will require treatment according to the conditions that develop. Anodynes will have to be used in these cases, together with cleansing and antiseptic preparations ; but this part of the disease is not under consideration in this article.

OBSTETRICAL PRACTICE.

By N. G. Vassar, M. D., Ridgeway, Ohio.

RECENTLY an article written by Dr. Van Verbees, of Kernville, Cal., fell into my hands. In this article the doctor gave some glowing accounts of his experience in obstetrical work. That he has had this experience I will not deny, but either the doctor has had remarkably good luck and smooth sailing, or else he has not come to the time when he will learn by real experience to change materially his views in regard to obstetrical work. There are so many different views, so many erroneous ideas in text-books in regard to the art of midwifery, that those who have had much experience in this line of work should exchange views in some good medical journal, so that we may reach a common practical knowledge.

The doctor says that by following "such and such" a line of treatment, his patient women have had their babies in a remarkably easy manner ; that their getting up has been good, and that he himself has been well pleased. I will confess that I have followed about the

same line of treatment the doctor has given, but not with the same happy results that he claims has made him so enthusiastic.

I was at one time like Dr. Van Vorhees, and thought I had found a remedy that would relieve a woman from hard labor, and drive dull care away (from the accoucheur). But I soon learned by real experience that the effects were only imaginary, and that instead of being a true specific, real disappointment many times followed its administration. I soon learned that during some seasons or years all my parturient women had easy labors, no matter whether a "mother's cordial" was taken or not, and at other periods all seemed to have harder, more tedious and protracted labors, and poorer post-partums; and again, that in some seasons nearly all babies born were boys, while at other times nearly all were girls. If we can find a remedy to make all labor cases easier, year after year, why not search for a remedy to change all babies to boys, provided that the pregnant woman commence taking the medicine two or three months before the expected time? Everything being equal, my experience leads me to believe that one proposition is about as logical as the other.

The doctor may doubt my experience, but he could not doubt the results, were he so situated as to know and hear of my work, for I have had as much experience as usually falls to a busy practitioner. For a man to have a large obstetrical practice, and not have three or four forcep deliveries per year, and nearly as many breech presentations which need turning, surprises me; and yet I meet men of forty years' experience in the practice of midwifery who have never used the forceps. But they do not tell me of their fatalities, the prolonged waiting over tedious labor pains, or the intense suffering of the mother while in the throes of labor.

There was once a time when all these were taken as a matter of course, when women were led to believe that because of the sin of Eve all were born to endure more prolonged and tedious labors. But now most of our women will not have so much patience; they know full well that there is a way of escape, and after having hard pains six, eight, or ten hours, and no delivery, they now naturally expect the attending physician to step in with chloroform and forceps and relieve their suffering. In all my experience I never have had bad results happen to either mother or child through the use of these instruments of humanity—a mother's friend.

Then I find old practitioners who have never had a case of placenta previa, but have had many cases of retained placenta. I can not account for all this, unless it was just their luck, for I have not been so lucky, or unlucky. I have had cases of placenta previa, but no fatalities, but now I will surprise you when I assure you that I have had no cases of retained placenta. It may be I am just a little lucky in this line, and that the time will come when I will meet my Waterloo.

Regarding remedies which will make labor easier for the mother, I will say that I have tried most of them, which have been so highly

vaunted by others, only to find them "weighed in the balance and found wanting." If there is anything good it may be possibly pulsatilla, macrotys and nux; but there are so many misleading conditions to be met with in a parturient patient, that we can scarcely expect more from the use of drugs than to aid in keeping the general health fairly good till labor sets in, and relieves the existing physiological condition. I will confess that I have seen nausea, vomiting, pains, weak back, etc., of the pregnant woman, fade away by the use of specific rhus, nux, macrotys, and pulsatilla, and the patient seemingly benefited in the way of general health, but in the end, when it comes to shorten delivery or lessen one pain, they prove disappointing. In prescribing a mixture of these remedies, several would try the preparation with seemingly excellent results—labor all over in an hour or two. These were well pleased, and naturally would recommend the same medicine to a friend; the friend would procure the medicine, take it, and at the time of delivery have a hard time of it. It is in this kind of cases that reaction sets in upon the doctor, and he will soon be taught by their experience not to promise much to a pregnant woman by the way of easy childbirth. If he does he will be taunted and met by results that are self-asserting failures.

I would like to give a report of many cases from my records, where some have taken "mother's cordials" for six, eight, or ten weeks previous to confinement, and then have a hard labor and may be a forcep delivery; and case after case where the mothers took nothing by way of medicine, and had it all over in an hour or two after the first pain set in.

A few weeks ago I attended a woman who had taken a proprietary preparation for two months previous to confinement, with the assurance that when labor set in she would have a short labor, with scarcely a pain to be felt. If there was anything in mental suggestion, it should have worked well in this case, for she went to bed with a perfect confidence of a quick and easy time as the glowing literature she had been reading had led her to suppose. But alas! all hopes soon vanished; her pains were tedious, os uteri slow in dilating, and her hopes and patience fading away. I had to let her wait and wait till true labor pains set in, which was thirty six hours after I was first called. When I was called to the house the second time I worked three or four hours, and by giving specific macrotys and gelsemium, pushed to their full extent, I got dilatation of the os and ruptured the membranes. Eight hours after she was delivered of a boy baby, but not until she had suffered some of the hardest pains imaginable, and had she not had whiffs of chloroform given her during this time, her delivery would have required the use of the forceps. This woman was finely built, roomy pelvis, and this her second confinement. Her first confinement, two years before, was easy and the baby just as big.

Now had I prescribed this "mother's cordial," it surely would have been a "sell" on me. But I do believe that the use of full doses

of specific gelsemium and macrotys, starting the patient to taking as soon as you are first called to attend a confinement, will cause an easier delivery, and aid much in removing the placenta, and lessen the chances for puerperal convulsions; yet have I seen all pains stop for quite a while when given to whip them up, and as soon as withheld again, true pains would set up, and this, too, after the waters had long been drained away and dilatation accomplished. I have seen labor retarded for hours under the use of pulsatilla, and another examination revealed the fact that the presentation had changed.

I never wait long to deliver the after birth, but in fifteen or twenty minutes after the child is born, I take hold of the cord with one hand and by Crede's method with the other I deliver it at once. Have never failed as yet, nor have I had puerperal fever to contend with from retained fragments.

It may be that the use of gelsemium and macrotys during labor has given me such excellent results in post partums, for I imagine that there is a difference clearly shown in those who have been under the influence of these drugs from those who have not, when it comes to placental delivery. Chloroform does just as well or even better, but you will have more hemorrhage. I have seen child, placenta and all, delivered in a heap, and a hemorrhage follow that was simply alarming after this agent had been given during labor. I have seen this many times, and still use it, and have had no fatalities from its use.

The first thing I do in all cases after the child is born is to give a full dose of specific ergot and cinnamon, and deliver the placenta at once, or if it is already away and are having hemorrhage to contend with, these remedies, with Crede's method, seldom fail me.

This article I hope will pave the way for more discussion from practical men in the field, for we hear too much from some back office writer or professor who has scarcely more experience than a half dozen parturient cases to write about in a whole year, and who would lead us to believe that the art of obstetrics is a lot of well worn rules which one must follow or fail.

While in college I was led to suppose that one needed to have all the different presentations in mind—a rule like the multiplication table—or else make a failure with the use of the forceps, but one good lecture from old Prof. Howe made the use of the forceps so plain and practical, that by keeping what he told us in mind, I have used them successfully, and too without a bad result.

ENLARGED PROSTATE IN OLD MEN.

By C. D. R. Kirk, M. D., Shuqualak, Miss.

I might say that enlarged prostate in any man is a terror to the physician, which only those who have had some experience in such cases can properly appreciate. More have died from this trouble

than from any other simple, non-malignant disease. A very corpulent rich old man, without any warning, awoke one morning to find that he could only by hard straining void his urine in drops. The best medical aid was soon with him. They succeeded in entering the bladder after many trials, but in six hours the whole "mob of doctors" had to return, and put the old man through the same painful process—the result, a funeral. This caused the writer to make a thorough investigation of all the means then known to the profession for the relief of so dangerous a trouble.

Many advise superpubic puncture, and others preferred to enter the viscus through the rectum; but all advised the operations to be performed only after the doctor had failed to give relief by introducing the catheter. After these never-to-be-forgotten trials, the Jacques catheter made its appearance, and was surely a God-send, for every enlarged prostate patient was punctured—false passage—by the silver catheter. I was soon armed with the new invention, and very soon after increasing my armamentarium, I found myself the sole possessor of a case of enlarged prostate gland. Imagine my great joy to have the old man's urine flowing in less than ten minutes after entering the house. I followed the relief with Lloyd's specific staphysagra and sp. phosphorus. All worked like a charm, and the man remained well for some twelve months or more, when I was called again to relieve him, but this time my success and glorying were all scattered to the four winds. I called a neighboring physician to help me out of my troubles, but all to no purpose, the old man died.

Several years passed before I had the honor of another case; this time I was the consulting doctor. The patient was a very old man, and was suffering a most agonizing pain from the great distension of his bladder. We tried several sizes of the Jacques catheter, and were finally successful by making a very small instrument, stiff and in better shape for worming its way by introducing a large violin string into the catheter, and then by withdrawing the string the catheter was left in situ; but it proved to be too small for the speedy relief we wanted, and therefore we concluded to withdraw it and introduce a larger number. While getting the larger one ready we discovered that the small one, which was left in the urethra, had disappeared. We were just in time to arrest its travel by pressing a finger on the perineum, and long toothed forceps were sent after the runaway, which was successful in returning it, to the great joy of two careless doctors. The larger catheter was readily introduced, and gave great relief, but the patient succumbed in a short while to a fever to which the male urethra is prone.

Some years after the case of the old man, I was called to see an old negro man who had complete suppression. I tried diligently everything in the way of catheters, and then tried to puncture from the rectum, but made a complete failure. I was contemplating a suprapubic puncture when death relieved him. A good surgeon assured

me that every case of supra-pubic puncture was fatal, and therefore it was put off too long.

Last winter a negro man called at my office, stating that he had failed to void his urine. I gave him a thorough trial, and after several hours succeeded, but in six or eight hours I had the storm to face again. I had reported the last fatal case in the Georgia Eclectic Medical Journal, and had the honor (?) of reading, in the very next number, precisely how to relieve such cases, simply by injecting hot water into the catheter after it was introduced—"never had failed." I gave this last plan a most perfect trial, but all failed. Counsel was called, and supra-pubic puncture was the result, a catheter being left in the puncture, but the man died in about ten days. Soon after this fatal case I was called to a very old white man who, like all others, was suffering very much. He had been treated for some trouble several years ago by the writer, who had succeeded in curing him for the time, and had kept him around with the proper catheters, which were used at least once a day, but had failed to reach the bladder at that time, and therefore the writer was requested to visit him. After some trouble I succeeded in giving the proper relief, and as I was leaving the house he asked me if it wouldn't be a good idea to take a purgative, and mentioned that he had calomel tablets. I agreed with him in the suggestion, and instructed him to take a half grain every one or two hours until they acted. To my surprise I didn't hear from the old man for about two days. His bladder trouble had "cleared up" in a few hours, but he was badly salivated. Since then I noticed that some other physician had reported a similar case; the treatment gave immediate relief.

I have been thus particular that the readers of the Journal who have not had any experience in treating the ailment may investigate the matter, and profit by my experience. I will add that the operation of lithotomy will give better success than any other that has been performed for the relief of prostatic hypertrophy; but I will be very sure to give my next patient the full benefit of allopathy, by establishing one disease to cure another—ptyalism.

"THERAPEUTIC SUGGESTION."

By J. E. Bartell, M. D., Tillamook, Oregon.

IN the January number appears a paper on "Therapeutic Suggestion," by Dr. Pratt. He certainly sounded the key-note of suggestion when he said: Any doctor's chief desire is to inspire faith and confidence in his patient * * * So long as the patient's faith in him is strong and steady, he considers that one of the essential conditions for success with the case is assured.

In another part of his paper Dr. Pratt speaks of an "undue influence obtained with suggestion;" of "hypnotists hurting with" suggestion; of "Christian Scientists deluding with" suggestion.

Yet he recommends this same wonderful agency to us for our use in practice in the relief of pain and disease.

Now it appears to me that if "undue influence," "hurt" and "delusion" are the results of this agent, there is a possibility of our doing harm with it unintentionally. As far as I can see, the relation of the hypnotist to the subject, of the Christian Scientist leader to the layman, of the physician to the patient, of the teacher to the pupil, of the instructor to the recipient—whatever their respective stations in life may be—are identical. In either case the former imparts and the latter receives knowledge.

Since knowledge is power, then the absence of knowledge (absolute, comparative, or in a given line), or ignorance, must be weakness.

To instruct, to advise, to suggest, to direct is, therefore, giving knowledge by those rich in knowledge to those poor in knowledge—the strong giving to the weak to make them strong. This process may be at the instigation, or desire, of either.

Now to gain knowledge by way of instruction argues that it is a quicker or easier way than by way of experience. That there is a trust, belief, or confidence on the part of the recipient that the instructor is honest and that his instructions are true, and that the recipient is more or less unable to attain that knowledge by himself. The recipient, therefore, is willing to accept the instructor's experience and to profit by it.

This trust, or confidence, or faith in the honesty of the instructor, or the reliability of his instructions, is the result of demonstration, or proof of knowledge exhibited; of a confident, self possessed, dignified bearing; of popular reputation, etc., on the part of the instructor, and is essential to a successful transmission of knowledge from instructor to recipient.

We all know, however, that all instructors are not honest; that all instructions are not true. Neither are all listeners or readers recipients, from the fact that their knowledge may be sufficient to enable them to judge for themselves of the instructor's reliability, or the truthfulness of his statements, their knowledge enabling them to reject the false, the wrong, the untrue. It stands to reason that the quality of instructor and instruction is apt to do good or harm to the recipient.

Therefore, an instructor—whether he be teacher, preacher, physician, lawyer, hypnotist, master, leader, or parent, etc.—does good to the extent that he is honest, that his instructions are true and that he is believed or trusted.

He may do harm to the extent that he is dishonest, that his instructions are false, and that he is believed or trusted.

He may do good or harm in proportion as his knowledge is greater than that of the recipient and as he can gain the faith, trust or confidence of the recipient. The physician, for example, to gain the patient's confidence, exhibits his diploma, his token or proof of medical

knowledge; his dignified, self-possessed bearing, indicative of large reasoning power; his manner of speech, etc. All these are reassuring and confidence-inspiring to the patient. Then there is popular reputation, etc.; and possibly personal experience in the past, to say nothing about the accessories such as good clothes, fine office, glistening instruments, etc., that go far toward rounding out the sum-total of the confidence the patient has in the physician.

The patient being convinced of the ability and honesty of the physician, accepts his instructions as reliable, trustworthy fact. His mind is at rest, and, as Dr. Pratt puts it, "one of the essential conditions to the successful termination of the case is assured."

If, however, the physician is uncertain in action, halting, vacillating, self-contradictory, etc., the patient gets suspicious and distrustful, and his mind is no longer at rest; he can no longer accept the physician's instructions as fact, though they really be true, consequently they do him but little if any good; he no longer "expects to get well," but only "hopes" to get well.

Again, a physician may induce his lady patient to receive or believe the instruction that the repetition of Mother Goose's rhymes, during her daily exercises, will cure her of rheumatism, or ward off malaria, etc. Because she has no knowledge in medicine, she can not judge for herself of the correctness of the instruction. Because he appears honest and has a good reputation, she trusts him, receives his instructions and acts upon them, though it may seem ludicrous to those better informed.

Yet that physician could scarce expect to succeed in his immoral advances toward her for the purpose of curing (?) her sore throat or headache, because in this line she has more or less knowledge—she can judge of the wrong attempted, and would be sure to act accordingly.

The hypnotist may induce his subject to believe that he is some famous pugilist, or brigand, while in the so called hypnotic state, and the subject will carry out the impersonation according to suggestion or his own conception, but will refuse to kill or rob, because that is contrary to his idea of right. The hypnotist, in getting the subject into this hypnotic state, directs the trusting subject to set aside the evidence of his own physical senses and to rely upon the operator's statements alone. The subject, complying with these instructions, leaves the instructor to deal with the mind, or real self or soul, alone.

This mind, the guardian of the body, being an immaterial unity, has no pleasure in criminal gratifications of the animal sense or passions, refuses to allow any action that is contrary to its idea or conception of right, and the criminal suggestion falls powerless. If the suggestion be beyond the mind's power to judge, it will be received as fact, provided the confidence in the instructor's honesty is strong enough, as in the case of a fanatic.

If, now, these animal senses or passions are not set aside, a criminal

suggestion as instruction will only tend to arouse them to action ; they now besiege the mind, or guardian, for permission, as it were, for gratification. Thus they become a powerful ally to the criminal instructor and his instructions, for the mind now has not only the importunities of the instructor to overcome, but those of its own body as well.

It is, therefore, easier to induce a subject in a normal condition to commit a crime than when in a hypnotic or somnambulistic condition. Nor is there any mysterious power in suggestion with which anyone can, contrary to the will and desire of the subject, gain any undue control or wrong influence over his fellow man. There is more potency for evil in a glass of liquor than in suggestion, because it arouses the animal appetite and passions and at the same time robs the mind of its control over the body.

It follows, therefore, that suggestion is not the power, but only the means or medium through which the instructor's mind comes in contact with the mind of the recipient for the purpose of transmitting knowledge, the means through which the instructor's mind may deceive the trusting recipient's mind for harm. That the physician's suggestions or instructions have no more power for good or harm than those of anyone else whose knowledge is likewise believed to be of a high order.

I therefore believe that we can do no more harm with our therapeutic suggestions or instructions than the teacher with her pedagogic suggestions or instructions before her class, so long as our motive and object is pure and good, our knowledge positive and of a high quality, and we have the full confidence, faith and trust of our patients.

ORGANIZED WATER AS A FOOD.*

By John Uri Lloyd.

[Read before the American Pharmaceutical Association, September, 1902.]

SOME years ago a professional friend declined a dish of soup, stating that he did not care to load his stomach with so much water in order to obtain the trifling amount of nourishment it contained. Shortly after this, the writer listened to an able paper, read before the Cincinnati Section of the American Chemical Society on the subject of "Foods," and in this paper was struck by the fact that the nutrient value of the respective foods was determined through consideration of materials absolutely free from water, which brought to his mind the observation of the professional friend before alluded to.

Without a doubt the majority of people accept that the function of water in food substances is that of a solvent only, or as an inactive

* The author ventures to present herewith a line of thought that his study of the organic *materia medica* involving life structure has convinced him is essential to their proper comprehension. The subject is touched in a general way only and but lightly, because in such a case as this it is best to leave specific points to the reflective deliberation of those whom such reasonings may attract.

vehicle provided only to carry food to tissue and bone. They believe that the object of water as a drink is to dilute the fluids, wash impurities from the blood, and carry off worn-out tissue. Water is not seriously considered in the light of an integral part of food by any one, such solid substances as starch, sugar and nitrogenous and fatty tissues being usually cited as the constructive and heat-producing agents. Our works on digestion and on general physiology state that most foods are three-fourths water, and the human body, bones included, over two-thirds water, but yet consider water irrelevant as a nutrient. The upbuilding and tearing down of tissue, the production of salts and products of disintegration, both normal and abnormal, are studied solely from the basis of molecular change, in which nitrogen, hydrogen, carbon and oxygen play their respective parts as such.

With this thought in mind, let us for a moment consider the part of water as an organizing structural agent in certain salts, because many inorganic crystals depend for their form and structure on water of crystallization. But it may yet be argued, after having gone through the list and studied their various deportments, that crystals are dead structures; organic bodies are now the subject of discussion.

Take then the jelly fish, that transparent, quivering, vitalized something, shaped after laws as uniform in action as a mathematically-made creation can be. It possesses the power of voluntary action and lives upon structures seemingly much higher in life's scale; has the power of attacking the higher animals, and possesses in itself an individuality that renders it a living, moving creature. On being dried, it almost disappears, leaving a film of varnish possessed of so little solid matter as to disturb the thought of one who attempts to argue that the water of this creature is simply water of association, devoid of any other quality than that of ordinary water.

Consider some species of fungi that spring up in a night and in the sun the next day dry to bare fragments of themselves. In their natural condition these water structures partake not only of the attributes of their respective species, but are most marvelously exact in every detail, possessing qualities that seemingly forbid the thought that the great mass of water present is simply a carrier of insignificant amounts of solid matter.

The cabbage, the apple, the fruits of our orchards, the vegetables of our gardens, contain in all cases an enormous amount of water, if we consider the fluid part of the mysterious liquids present in vital juice and organic structure as simply water. Here we are confronted with conditions in which relationships between the large amount of water and the small amount of solid are such as to tolerate the view that this water of combination may be a something very different from pure water, or water obtained by tissue destruction. With such complex examples in mind, we are led consistently to inquire whether such dishes as soup and other aqueous liquids, and water-bearing and

water assimilating foods, can, as tissue feeders, be in themselves anything beyond simple solutions of solid matters in water.

In order to make a nourishing soup, it is not alone necessary to mix water and solid material. Good soup of complex composition require for its production a certain amount of manipulation, such as boiling, seasoning, and cooking. These processes are purely physico-chemical, and productive of numerous dissociation and combination products.

The question is, has the water that is used in the making of a soup, by the action of heat, simply dissolved certain salts and tissues, or has it combined with organic constituents in a way that will make a nourishing liquid or a series of water combinations, in which water exists, it is true, but with altered qualities?

Nitrogenous food becomes a supporter of nutrition in a manner impossible in a case of pure nitrogen, which is not available as food and cannot be assimilated as such. Carbon, as carbon, pure and simple, is useless as a food. Hydrogen serves its purpose as a food only when in combination. These three bodies are constituents of food, and when obtained by destruction of flesh and fat, are cited by food theorists as a basis for calculating food values. Yet in a state of isolation, they are not available as foods. Only when combined with water, or by means of water, do they become tissue builders or heat producers, and of this fact the analyst takes no account whatever beyond a bare reference to the presence of water as such. However, the object of the writer is not in any way to oppose the work that has given us the values of these elements as such, in nutrition. These investigations need not be disturbed, nor need the vital importance of these elements, even if full credit be given the province of the water molecule.

Nations widely separated may thrive upon food structures unknown to each other, but never does man or animal dispense with water of combination, and most animals must drink water as well as eat it. This fact of observation brings us to the question before intimated, as to whether it is possible for liquid food or foods hydrated during the process of mastication and digestion, to be possessed of chemical characters as yet outside the equation of our known chemical equivalents? In other words, do undetermined molecular combinations that ensue during cooking, as well as mastication, create complex, nutritive water structures, capable of carrying their qualities to the tissues they finally reach and nourish by reason of their easily-alterable structures?

We call water driven off in the drying of fruit or food of any kind water of separation. May it not be rather the result of structural molecular decomposition? In the cooking of dry foods we not only change their structures as regards relationships of solid constituents, but add thereto the qualities that combined water gives under conditions as yet obscure. The same is true of vegetables and fruits.

Should we not look on such water, necessary as it is to life, digestion and tissue replacement, as an integral part of food, instead of simply a carrier of food? It is indeed probable that the student of dietetics must broaden his field and consider foods in their structural entirety, rather than from their analytical created ultimates. The method of the analyst now is to first kill the animal or vegetable, then destroy the tissue, then disrupt the molecules. The final result gives him inorganic elements and a few characteristic chemical structures on which he bases his tables concerning food valuations. Is this just, in the light of what we know concerning the worthlessness of chemical elements in foods? Is it not more rational to accept that the exceptional value of albumen and other nutrients as typical foods rests on water compounds so nearly in accord with tissues craving just such vitalized water-bearing structures?

But to pass to a point beyond molecular water itself, which in both crystal and colloid tissue is capable of expulsion by desiccation. When organic matter is perfectly dried a considerable portion of the residue is found to be composed of elements that might have been derived from, or subsequently might be combined into, water. Take from desiccated tissues the elements that might have come from water dissociation and, comparatively speaking, we have but a small amount of residue.

Consider the soups, custards, gelatin, pies, fleshes, fish and fruits of all kinds, and even bread, which contain in themselves enormous amounts of water—in most cases the larger share of their weight being water—and observe the composition of the solid materials that remain after they are dried. These, too, are found to be made up of elements that in themselves may have been derived from water—fragments, we may say they are, of broken water molecules.

Consider the carbohydrates, dry as dust, sugar being typical of these, in which the elements of water are combined with carbon in the very proportions necessary to form water. The largest amount possible of water-producing compound (pulverulent water) is here artfully stored in contact with the great combustible, carbon. We have series of food solids, differing only in the proportion of water present (sugar, starch, glucose, etc.), and that many combinations of one substance and water in different proportions exist is shown when we consider series of hydrated salts, exemplified by such bodies as the crystalline manganese and sodium sulphates, etc. We should not suspect that such have an existence but for the fact that as definite water compounds they assume a visible form and become sensible to sight and touch. But of the liquid outreaches connected with changes in colloidal metamorphosis we know next to nothing. If this shading of compounds, differing only in water compounds, is true of such elementary salts and solid foods, may not water be combined in an untold number of liquid organic structures that are as yet invisible, uncry stallizable, unreachable to our senses as organized bodies?

But enough for the present. In a time to come it may be clearly seen that students of food and digestion have not given sufficient prominence to the one thing that supports life, nourishes life, that feeds all structures, that constitutes the larger share of all organic tissues, but that, strangely enough, in itself is now viewed as a carrier only of something else.

We feel justified in anticipating that the immediate future will give a more extended view than the circumscribed atomic theory affords, which, to this date, as a stepping-stone, has served the world well. Shall we then perceive that the vitalized water of organized water-bearing foods, and the combined water of such foods as carbohydrates and fats, are the foundations of the real foods for tissues, affiliating other materials, such as nitrogen, carbon, hydrogen, necessary in their field, but subject to the dominating agent, water? Organic chemistry has been defined as a study of the migrations of the carbon atom. May we not anticipate that organic structures will then be defined as products of the migration of the water molecule?

Possibly the makers of food products of the future will give less attention to analytical values concerning dead elements and more to vitalized and vitalizing structures in which available water is conspicuous. Possibly it behooves us even now to ask if a closer inquiry into the water molecule, *the vitalized or easily-vitalized water molecule* and its many shadings, may not open up a field for the construction of more rational food products.

ECLECTRO-THERAPEUTICS.

By J. R. Spencer, M. D., Cincinnati, O.

[Concluded from page 550.]

DURING the past year the Eclectic Medical Journal has published monthly a series of articles on Electro-Therapeutics. The object the writer had was to present this subject in as simple and plain a manner as possible to the general practitioner who had not the privilege of studying it in his college course, yet was desirous of a knowledge of it that would enable him to use it as a therapeutical agent. In order to do this so the learner could grasp it intelligently, the subjects involving the principles upon which electro-therapeutics is based had to be presented. Among these subjects are found magnetism, galvanism, induction, electro-physics, statical electricity, electro-surgery, animal electricity, and some others that are necessary to the proper understanding of the principles that underlie a good working knowledge of electro-therapeutics.

All of these subjects have been studied in this series of articles, with the hope that the physician using electricity as a curative agent could do so with a fairly good knowledge of the subject, and be able to give a reason for the use of the different currents. So wide is the range and adaptability of electricity to the treatment of diseased conditions

that it ought to become the common property of every physician. In fact the time has come when a preparation to practice medicine is not complete without the principles of electro-therapeutics being understood. After a good knowledge of these is obtained, then a familiarity with the different currents and the management of the generating apparatus is very necessary. No one has a right to complain of a failure to get good results from the use of electricity in his therapeutical work who does not possess a good knowledge of these facts. Many physicians rarely employ electricity in their practice because of their ignorance of the subject, while others have a slight knowledge of the subject, and try to use it because it has been recommended as being a good agent in certain pathological conditions. They use the different currents indiscriminately, thinking one as good as the other under all circumstances, having no knowledge of the laws of electro-therapeutics that govern their selection. A failure would follow the use of electricity as a therapeutical agent in the hands of that class of physicians, just as a failure would follow the indiscriminate use of medicines by the general practitioner.

If physicians would take the time and thoroughly post themselves on this subject, and would use electricity according to the rules given by reliable works on the subject, a very valuable addition would be added to their list of therapeutical agents that would serve them well in many cases where medicines have failed. A mistake that is often made is to have the patients buy batteries and use the electricity themselves, as their ignorance of the subject will prevent an intelligent use of it, and may do great harm, as it is a dangerous remedy in the hands of the ignorant and careless. This use of electricity has done much to cause it to grow in disfavor both with physicians and the laity. The efficiency of electricity as a curative agent has offered a proficient field for charlatans and quacks, and caused them to impose electric belts and corsets, magnetic insoles, rings and various electric inventions upon the afflicted.

The careful physician has dismissed the idea from his mind that the use of electricity in his practice consists simply in applying either the galvanic or the faradic current to some part of his patient's body for a convenient period of time, but he studies to learn under what conditions one current will be more curative than the other, how long a time the application should be made, and also by what method it should be made; he carefully notes the effect each treatment has on the patient, and makes such changes as the case demands, just as he would do in the use of drugs.

The subjects that have been discussed in this series of articles are those a knowledge of which simply lays the foundation for the therapeutical use of electricity. Now it will be proper to ask, what can be accomplished by it when it is used by the physician in his work? The balance of this article will be devoted to answering this question, in

part only, and in making some suggestions for the guidance of the beginner in electro-therapeutics.

When the sedative effect of the galvanic current is wanted, use the positive electrode over irritated parts; when an irritation is wanted, use the negative electrode; when a paralyzed muscle will respond to the faradic current, it should be used in a mild form; when it will not respond to the faradic current, use the galvanic in a mild form until it will respond to the faradic, then use the faradic. On degenerating muscular tissues the interrupted galvanic current should be used.

When properly applied electricity will improve the circulation, promote absorption, improve nutrition, secretion and digestion, revive nerve activity, heal ulcers, destroy some forms of abnormal growths and tumors, and cure constipation. It will increase the flow of saliva and urine. By improving the circulation the whole system is greatly benefited; all the different glands of the system are caused to take on greater activity when subjected to electrical treatment; waste products are more rapidly removed, and the process of repair is increased.

The cures that result from the use of electricity in chronic disease are caused by the improvement in the circulation which it causes; an increased flow of blood and an improvement in the nutrition of the affected organs will result. It is of especial benefit in treating enfeebled muscular tissue. In chronic disease of the nervous system it is the best known remedy; it is the remedy on which the neurologist depends more than any other. It is of especial benefit in relieving pain, and while accomplishing this object it will also be exerting a curative effect. The pains of inflammatory rheumatism and of idiopathic neuralgia can be more successfully treated by electricity than by morphine, as the after effects of the latter do not follow its use; besides the relief of the pain that will result from its use, a decided curative action will be obtained. A good rule to follow in treating neuralgia is this: When pressure produces pain along the course of the affected nerve, use the galvanic current, applying the positive pole; but when pressure along the course of the nerve does not produce pain, use the faradic current.

In hemiplegia from a blood-clot, electricity applied to the brain will assist materially in causing its absorption. The various unpleasant complications of hysteria can be more successfully treated by electricity than by any other method. Nervous dyspepsia has a train of very unpleasant symptoms which worry the doctor and try his patience and skill to the utmost. Fresh air, exercise, and diversion of the patient's mind, combined with judicious medication, will constitute a sensible and successful course of treatment. Electricity, when added to this plan, will prove to be the most valuable curative agent that can be used. It will also be a good agent to use in nervous prostration, melancholia, and in hypochondriasis; in fact, it will far ex-

ceed in curative powers any other remedial agent that can be used in these cases.

Of late years, the use of electricity has proven to be one of the very best means of curing many of the diseases peculiar to the female sex. A. Lapthorn Smith uses the following language in speaking of its use in treating some of the diseases of women: "I can recall case after case of amenorrhea in stout women who have been made to menstruate; sterile women who have been made to conceive; of women who have suffered untold agony at their menstrual periods, and for most of the time between it and the next, who have been made to see the flow come without the slightest pain; and as to menorrhagia, I have never known it to fail."

In treating diseases of women, success will be more apt to follow strong doses of electricity. It ought to be borne in mind that in treating chronic troubles of any character, by either medicines or electricity, time will be an important factor in their cure, and if a slight improvement can be noticed, in many cases, after a considerable length of time has passed, the patient should be satisfied.

A physician is sometimes asked to differentiate between apparent and real death; this is not always an easy task. The signs of death which are usually observed are not always reliable, such as holding a looking glass to the mouth to see if by the act of breathing moisture will be deposited upon it; dropping hot grease or sealing wax on the skin to cause reflex muscular action, rigor mortis, dull cornea, etc. There is no condition or disease in life that will destroy the power the faradic current has to cause contraction of at least some of the muscles of the body. In death this power of the faradic current to cause muscular contractions will cease in three hours in almost all cases. In a few instances it has lasted for six hours after death. In cases of death from some diseases, electro-muscular contractility will cease in thirty minutes. In cases of trance this electro muscular contractility is never lost. A case is reported in which a woman appeared to be dead for thirty-two hours; the faradic current was applied, and the muscles responded; twelve hours later she awoke spontaneously, and lived several years after that. Then when the muscles readily respond to the stimulus of the faradic current after a few hours from the time death is supposed to have taken place, the conclusion can safely be drawn that death is not present.

The faradic current will often assist the physician to determine whether the patient is really sick or is feigning sickness; some people will feign paralysis or anesthesia to avoid duty, secure sympathy, or to obtain damages after an injury; they will endure great pain when administered in the form of pinching, pricking with pins or needles, or by burning, to establish their claim; but it is impossible to resist the contraction of their muscles when a high tension faradic current is applied.

There are many other conditions of a pathological character that can be successfully treated by electricity, that the writer has no space to mention in this article, nor is it necessary to mention them here, as the physician who is desirous of using electricity as a therapeutical agent will soon become familiar with the conditions in which he will get benefit from its use. The writer has not claimed in this series of articles that electricity is a "cure all," or a panacea for all the diseased conditions of the human family, but that it is a valuable remedy in very many cases that the physician meets in his work, and that every physician should have a sufficient knowledge of it to enable him to use it when required. (THE END.)

SETON HOSPITAL REPORTS.

PROF. L. E. RUSSELL, SURGEON.

CASE No. 25, (reported by Dr. G. H. Knapp).—Mrs. L., 42 years of age, married, gave the following history :

Menstrual irregularity, leucorrhœa, and a feeling of heaviness in the pelvis, had existed for an indefinite period ; constipation was obstinate, and a frequent desire to void urine disturbed her sleep. She had upon the day of admission, experienced a sudden severe pain in the right side of the pelvis, extending to the opposite lower abdominal quadrant, and to the umbilicus. A chill had been followed by a rise in temperature to 101° and a corresponding increase in the frequency of the pulse. The patient's facial expression was one of anxiety, the skin had a tawny hue, herpes appeared on the lips, and there was a marked tendency to delirium.

Inspection of the abdomen revealed a slight amount of distension ; palpation showed diffuse tenderness on pressure. By bimanual examination the uterus was found immobilized and retroflexed. Fallopian tubes enlarged and tortuous and Douglas cul de sac occupied by a fluctuating tumor mass.

The diagnosis was cystic salpingitis with an intercurrent attack of pelvic peritonitis as a complicating factor. The presence of pus in the tubes (pyosalpinx) was inferred from the temperature which subsequently showed marked morning remissions and vesperal exacerbations ; then, too, the recurring chills and drenching sweats which followed the remissions in temperature, the physical depression, sallow skin and herpes labialis, collectively constituted the symptom group so characteristic of a progressive pyemic poisoning.

Celiotomy and removal of the septic focus of absorption offered the only hope for a recovery, and the patient was accordingly prepared for operation. Magnesium sulphate was given liberally for the two-fold purpose of preventing additional auto-toxication from the bowel, and also to assist indirectly in controlling the elevated temperature and

disturbed circulation. Hot creolin douches given for their antiseptic and relaxing effect added materially to the comfort of the patient.

After opening the abdomen the uterus was found to be bound firmly to the rectum by adhesions, while on either side of the uterus was a tumor mass composed of the pus filled tube, ovary and part of the omentum all matted together by organized adhesions. On the right side the appendix was included in the mass. The patient was then placed in the Trendelenburg position, and the infected area "walled off" by means of gauze towels wrung out of hot saline solution and systematically spread out so as to completely cover over and exclude all parts of the abdominal cavity not involved in the operative area. Adhesions were then removed with the finger and salpingo oophorectomy (bi-lateral) was performed. Drainage was provided for by means of iodoform gauze extending from the pelvic cavity through Douglas cul-de-sac into the vagina.

During the first forty-eight hours following the operation, enemata of hot saline solution were given to the extent of toleration by the rectum and one-fortieth grain of strychnine was given every three hours. All drainage was removed on the third day, the abdominal wound healed by primary union, and the patient made an uneventful recovery.

CASE 26.—Mr. C., aged 35, telegraph operator on the Big Four Railway, was referred to the clinic by Dr. J. H. McElHinney, of New London, O., on account of an apparent tumor mass in the right iliac region. He had suffered from an attack of appendicitis some two years ago, and at intervals since extreme pain would radiate from this region to different parts of the abdomen with a partial obstruction of the bowels for a few hours, followed by a chill and low temperature. There was always more or less pain, and a noticeable limp in the walk at times. The condition of the skin and white of the eyes had taken on a tawny or yellowish hue, quite characteristic of pyemia.

The temperature of the patient previous to the morning of the operation, Oct. 8, was subnormal, 97°, and he had a severe chill the night before the operation.

Let us review some of the characteristic symptoms of appendicitis, such as sudden pain in the epigastrium, vomiting, a sudden rise in temperature, rapid pulse, pronounced muscular tension in the right side of the abdomen, and a flexed position of the patient's right leg when lying in bed. There is also a pinched expression of the face, and in the severely acute attacks a whitened ring around the mouth, and an expression of the features of intense pain, fast respiration and other marked features of an acute peritonitis, with the general characteristics of an approaching speedy dissolution.

When you have such a picture as this it taxes the physician to his utmost to decide truthfully and rightfully on the course to pursue—whether to attempt to ameliorate the symptoms and condition of the

patient by medication, or to at once urge immediate surgical interference to rescue the case.

The next question which we wish to consider is in regard to the condition of the appendix and the tissues surrounding it. From a casual examination it has the appearance of a chronic inflammatory condition, with a circumscribed accumulation of pus. Let us see how we shall locate the head of the colon and the appendix. The rule is to draw an imaginary line from the anterior superior crest of the ilium to the umbilicus, and in the middle of this line we should expect to find immediately beneath, the head of the colon and the appendix. This exact location has been given the name in America as McBurney's point; while on the continent the same rules are observed, and at a little less than the central point and nearer the crest of the ilium, and an inch and a half below, is a point described and known as Monroe's point, so recognized on account of the anatomist and surgeon having many years ago described his method of locating the head of the colon and appendix.

Sir Frederick Treves, of London, in the April number of the London Medical Times, presented to the Society a paper on Appendicitis, which was in print a few days prior to the illness which befell King Edward shortly before the time of the coronation exercises. In this article he assails the position of the American surgeon, McBurney, claiming that the credit due to the topographical localization of the appendix should be given to Monroe, and offers in substantiation of his report that with the assistance of Mr. Skene Keith they had made many frozen sections of bodies, and on cutting down upon the head of the colon and appendix, it was more often located in the position described by Monroe than that of McBurney.

The next question that we must consider is what shall we do when we have made this incision into the abscess cavity, if such it shall prove to be? It has been my rule always to make a free incision, and if I encounter pus, wash it out carefully, curette the pyogenic membrane, pack the abscess cavity with iodoform gauze, and allow the parts to heal by granulation, remembering once for all that where the appendix has been bathed in pus for a great length of time, its lumen has been entirely occluded, and its future activity completely annulled. Why then should I deal otherwise with an appendix that must in the future remain completely harmless? If I attempt to break up adhesions and remove the appendix at this stage of the surgical interference, I run the great risk of breaking down nature's barrier for the protection of the abdominal cavity from this abscess, and allow of contamination of the abdominal viscera, and invite certain disaster in the shape of a septic peritonitis with its usual fatal result. As a noted politician has said, "let well enough alone."

We have now rescued this patient from the dangers which were threatening him, death by pyrexia in one direction, and of a breaking down of the abscess cavity and death by septic peritonitis in another.

The great danger is after an abscess has formed, that the surgeon will be inclined to do too much, oftentimes securing a trophy in the shape of a diseased appendix at the expense of the life of the individual. Where you have pus, simply drain, nothing more. In the acute stages, where there is an active inflammatory condition, if the case is taken in time, always excise the appendix.

P. S.—Five days since the report of the above case, patient's temperature is normal, bowels regular, and a speedy recovery appears assured.

L. E. R.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

CHOROIDITIS.

Inflammatory conditions of the choroid are designated as choroiditis. They may be idiopathic, symptomatic of diseases of other portions of the uveal tract, or of systemic diseases, or traumatic.

Symptoms.—With the exception of the acute or purulent types in which the disease is not confined to the choroid, there are no external signs of a deep seated disease. Injection and chemosis of the conjunctiva may occur in those cases where other structures are affected. There is seldom any pain, excepting in the purulent form, or when iritis is present as a complication.

The only positive method of making a diagnosis is with the ophthalmoscope. The changes in the ophthalmoscopic picture are very marked. There will be noticed some or all of the following conditions: (1) Absorption of pigment epithelium; (2) areas of a pale yellow color, with shading off into the choroid, the result of exudate (recent choroiditis); (3) white areas, the result of exposure of the sclera (atrophic choroiditis); (4) black pigment patches distributed over the fundus and usually surrounding the atrophic patches, and varying in shape.

Opacities of the vitreous or lens may be a secondary result of choroiditis.

The impairment of vision in choroiditis depends upon the location of the lesion as well as the amount of atrophy. If the morbid process is peripheral, visual acuity may not be affected. If, however, the macular region is the point of attack, vision may be very much impaired or practically destroyed. Occasionally a case of extensive diffuse choroiditis will have very good vision.

Diagnosis.—Readily made with the ophthalmoscope. Frequently a secondary retinitis is found as a complication, and makes it more or less difficult to determine the location of the pigment. The general rule is that if a retinal vessel crosses the pigment, the mass appearing to be in a deeper layer, the choroid is the portion affected; if the mass

covers a retinal vessel, appearing to be in front of it, it generally means a secondary retinitis.

Course.—The disease may be sudden in its development, acute in type, but usually it is distinctly chronic. When acute it may be confined to the posterior pole, resulting in permanent myopia, or it may become purulent. The chronic form usually begins with an exudation or hemorrhage, gradually passing through the stages of absorption, atrophy and pigmentation.

Complications.—Through continuity the retina is probably always implicated; the optic nerve is also often affected; the vitreous shows opacities; the lens, iris and sclera may also become affected.

Prognosis.—Always guarded. When the macular region is invaded the impairment of vision is necessarily bad, and in other cases even blindness may result. Prompt and careful treatment may preserve sight, but the acuity of vision will be lessened.

SCROFULOUS RHINITIS.

Tubercular rhinitis is a term often used for this form of nasal disease.

Etiology.—This is a local manifestation of a systemic condition, and is found most frequently in ill-nourished children, with an inherited predisposition to tuberculosis. It is usually accredited as being one of the initial stages of tuberculosis, or it may be secondary to tubercular disease of some other portion of the body. An ulcerative process with a scab formation in a person afflicted with pulmonary tuberculosis renders them more liable to rhinitis.

Pathology.—Two forms of the process are found. In the first type there is a tubercular infiltration which produces a well defined tumor, most frequently on the inferior turbinates, the nasal floor, and occasionally on the septum. The second type is an ulcerative process attacking the anterior portion of the septum, nasal floor, or the turbinal tissues.

In the first form round cell infiltration and giant cell formation occur. The surface of the tumor may be lobulated and papillomatous in appearance. In the second form the ulcer is usually shallow, edges irregular, and with no zone of inflammatory swelling. The secretion is white or yellowish in color, and tubercular bacilli are sometimes present. Necrosis of the turbinal bones may occur if the ulcerative process involves the turbinates.

In these cases there is a sluggish lymphatic and circulatory condition. The glands retain much of the detritus which should be eliminated, and frequently produce an ulcerative process in the adjacent structures. The ulcerative process is generally indolent in character.

Diagnosis.—Usually there is enlargement of the cervical, submaxillary and sublingual glands, or there may be scars of a previous lymphadenitis, the characteristic anemia, pinched expression of the

face, excoriation of the orifices of the nostrils, and tendency to crust formation in the nasal fossæ.

If any odor is present it usually is offensive.

Pain is infrequent unless the deeper structures or accessory sinuses are affected. When crusts form it usually is on account of the rapid evaporation of the watery elements of the secretion. When perforation of the septum occurs it generally is multiple, thus differing from syphilitic perforation.

Implication of the pharynx, soft palate, larynx and ears may follow, and more or less destruction of tissue in these regions result.

Prognosis.—Always guarded. In favorable cases and where seen early, very good results may be obtained, but in the later stages it is always unfavorable. In children as they approach the age of puberty, the most annoying symptoms subside or disappear as a rule.

Treatment.—Constitutional measures are the most important, although local treatment for the purpose of cleanliness is necessary. The following will be found especially useful: R—Acid salicylic (Loyd's), 3ss; sodii boras, 3iss; Lloyd's hydrastis, f. 3j; aqua, q. s. f. 3iv. Mix. Sig. A teaspoonful in sufficient warm water to fill a nasal syringe twice. In some instances a stronger alkaline solution is necessary, as: R—Sodii boras, sodii bicarbonas, sodii chloras, aa. 3ij; aqua, 3xvj. This is to be used full strength, but must be warmed.

Constitutional Treatment.—When there is a tough, stringy, tenacious secretion, or with a crust formation, which when dislodged is streaked with blood, potassium bichromate in 1-100 gr. doses every three or four hours. When the secretion is thick and yellow, but not purulent, arsenic iodide in 1 200-1-100 gr. doses. If a passive epistaxis occurs, carbo-veg. or dist. hamamelis. With a distinctly purulent secretion, lime in some form. A moderately profuse and moderately thick secretion, hydrastis. With a tendency to ulceration of the bony or cartilaginous structures, the patient having light hair, eyes and complexion, chloride of gold and soda in 1 100 gr. doses. Phytolacca is nearly always required in these cases on account of glandular enlargement, and lime also is indicated even without ulcerative processes.

Hygienic measures are of the utmost importance. Plenty of outdoor exercise, not carried to the point of fatigue, however. Nutritious food, properly ventilated sleeping rooms and freedom from both mechanical and chemical irritants. The excretory functions should be kept in as nearly a normal condition as possible.

THE PREVENTION OF MYOPIA.

Myopia may be regarded as the result of an abnormal evolution, slight hyperopia, or emmetropia, being the normal.

Hyperopia being the rule at birth, provisions of nature, everything being equal, are such under ordinary circumstances that they tend to

bring about a state of emmetropia. When from any cause it goes beyond this point evolution must be considered as abnormal.

Structurally at least the highly myopic eye may in general terms be regarded as attenuated or stretched, not only in all its coats, but in all its parts within the orbit. This attenuation of the parts not only weakens them functionally, but also structurally, and as myopia advances each tends to increase the other; thus becomes established a vicious circle that becomes reactionary, the low and moderate errors simply showing a modified state of this condition. The changes in the ciliary muscle due to this attenuation causing weakening of accommodation, or complete loss in high degrees, at a time of life when accommodation should be active and in use, as well as the many pathological changes which are often present, are well understood, and need no further mention in this paper.

The period when myopia is acquired is at a time of life when functional activity in relation to development and shape of all parts of the body is at its greatest. To see that the functions of the eyes are kept in harmony during this period of growth, so as to aid nature in producing normal development of the eyes, and indirectly beneficially affecting the whole economy, is the purpose for which this paper is written.

The causes of myopia, inherited tendencies, excessive use of the eyes at the near point, especially under unfavorable conditions, poor light, food and ventilation, lack of out door exercise, poor health, etc., all have an important bearing on myopia, and are usually given the consideration they deserve in the treatment of these cases; but the main cause, inharmonious action of accommodation and convergence, if well understood, does not receive the scientific attention it deserves. Inharmonious action of these two functions is, I believe, far more potent in causing myopia than the general causes previously mentioned.

I think this can readily be understood when we consider just what takes place physiologically in these eyes during use, especially during their use at near work. Although all forms of heterophoria and refractive errors requiring ciliary action take an active part in causing myopia, exophoria I feel has a more serious influence than any other muscular irregularity or the refractive errors above mentioned.

The internal recti muscles receiving their nerve supply from the third nerve, which also supplies all the muscles except the external recti and the superior obliques, as well as the circular fibers of the ciliary body and iris, bring a greater number of muscles and essential parts of the eyes into active action than would be the case if an exophoria of the same degree existed. Third nerve action upon the internal recti cannot be entirely independent, but in some degree causes active action in the other structures supplied by it. We have proof of this in the fact that hyperopia causes convergent strabismus, and that exophoria often causes spasm of accommodation. Irregularities of the superior and inferior recti and inferior obliques, as they are

supplied by the third nerve, at first might seem to be as important causes as exophoria; but, both because their degree of error is limited and the fact that they are not so intimately connected with the act of accommodation as are the interni, gives them a secondary position to exophoria.

Now it is a well known physiological law that activity of any part requires increased blood supply, and that nutritive and waste materials are increased during this time. Under normal conditions nutrition certainly exceeds waste at this time of life, but under this abnormal condition waste often exceeds assimilation, and we get attenuation of structure by loss of tissue by absorption, as well as by mechanical pressure, caused by muscular irregularities. In other words, I believe we have a forced state of activity, which tends to congest and weaken the parts, producing a state of local malnutrition. In the changes which we find in the choroid of myopic eyes, especially highly myopic eyes, we have positive evidence that absorption has had a powerful hand in causing these changes, the thinning being out of all proportion to the amount of stretching these parts have been subjected to; this applies to all cases of generally thinned choroid, whether or not accompanied by more serious choroidal changes, which are signs of former inflammation. We may readily assume that there is a state of general congestion in the choroid and adjacent retina in these eyes, at least during the time they are active, and that this congestion is due to the increased blood supply, primarily caused by the disturbed equilibrium in the functional workings of the different parts of the eyes, and that this congestion is the main cause of the thinning, the mechanical pressure aiding, but in itself not being sufficiently powerful to produce the marked attenuation. If further proof was necessary that absorption was the main factor in attenuating the tunics, we have it in the cases of high myopia, which show no marked attenuation or changes in the choroid or ciliary body; whereas, if stretching was the main cause, these high degrees would all show a markedly attenuated choroid, which is not the case.—GEO. A. SUFFA, M. D., in *Hom. Eye, Ear, and Throat Jour.*

PERISCOPE.

X-RAY BURNS.

E. A. Codman (*Philadelphia Med. Jour.*) says that the frequency of X-ray injuries has been much exaggerated by the medical press owing to the wide publicity given to many early cases. The writer has been able to collect somewhat less than 200 cases, less than half of which were series, and about one-third of which occurred in X-ray workers. Judging from the experience with these injuries in Boston, it is the writer's opinion that a fair proportion of the severe burns are included in this series, while the dermatitis of skiagraphers is less

well represented. At a maximum estimate it is safe to say that not one patient in a thousand has been injured in the past five years by an X-ray examination, and the past year not one in ten thousand. More than two-thirds of these injuries occurred in the first two years of the use of the X-ray. Only one mild case is reported as occurring in the current year, those cases in which the exposure had been made for therapeutic purposes being excluded.

The cause of X-ray injuries is not definitely known. It is some form of energy closely allied to the photographically active X ray, and radiates with it from the platinum terminal.

The primary injury is to the nerves controlling the nutrition of the skin. There is no good evidence of injury to the deeper tissues without primary interference with the skin.

The important factors which contribute to the production of X ray burns are: the intensity of the current used to stimulate the tube; the quality of the tube; the distance and time of exposure; the idiosyncasy of the patient. The static machine is somewhat less likely to produce injury than other forms of apparatus. From the data of the reported cases we can say that no burn has been produced by an exposure equal to or less than the equivalent of five minutes at ten inches. It is impossible from the data to say how intense an exposure must be to produce a burn, for a comparison of the cases shows that an inconstant factor or factors exist. These inconstant factors are more likely to lie in the complex human organism than in the less complicated construction of the tube. General experience has shown that soft tubes produce a more intense effect on the tissues than hard.

While we cannot control these inconstant factors, therapeutic exposures will continue to be dangerous, and it is therefore important to record the exact conditions of the patient's local and constitutional idiosyncrasies, as well as those of the tube.

In cases of injury the time before the appearance of the first symptoms has varied from a few minutes to three weeks. Five cases have remained latent for over three weeks; two of these for five months. It is impossible to predict the severity of the lesion from the time of its appearance after exposure. The writer suggests ten minutes at six inches from the platinum terminal as a standard therapeutic exposure. This will make comparisons between the inconstant factors easier. Unless signs of dermatitis appear within three weeks after the exposure, they are unlikely to appear at all. In one-third of the reported cases the appearance occurred within the first four days; in one-half the cases before the ninth day.

In ordinary X-ray examination with fluoroscope or skiagraph, the operator takes the entire responsibility of injury; in exposures for therapeutic purposes the patient shares the responsibility.—*Med. Age.*

DIGITALIS AND STROPHANTHUS.

Dr. J. Gordon Sharp read a paper before the Leeds and West Riding Medico-Chirurgical Society on "Some points in the Action of Digitalis and Strophanthus." He said that of the preparations of digitalis the tincture was the best, because it contained a portion of all the active principles. The infusion was not so useful, because it contained practically only one active glucoside. The old belief that the tincture did not keep was fallacious, for Dr. Sharp obtained a tincture in the ordinary way of trade, and found it physiologically active at the end of fourteen months. The active principles, such as digitoxin, digitalin, and digitalein, were not so trustworthy as the tincture or dried leaf in pill form. One advantage of the tincture or dried leaf over an isolated active principle was the combination of active principles whereby overaction was obviated, one active agent neutralizing another to a large extent.

The slowing of the pulse rate in the patient taking digitalis was discussed, and it was ascribed to the heart being able to do more work in a given time; hence there was not the need for the heart to beat so fast, and what was lost in number was more than made up in increased contraction force.

Within certain limits the nitrites and similar bodies were antidotal to digitalis, and the reverse held good, but it had to be remembered that there was a difference in time action, as for example, sweet spirits of nitre, in attaining its maximum action, was ninety-six times more active than digitalis. In ordinary doses he believed that the drug was mainly secreted by the kidneys, and by treating large volumes of the urine of a patient taking digitalis with alcoholized chloroform, he was able to obtain an extract which reacted similarly to extract of digitalis, and the same extract, when perfused through the blood-vessels of a frog, produced contraction, and this contraction could be undone by subsequent perfusion of sodium nitrite.

Coming to strophanthus, he said that the drug was not so poisonous as was supposed when given by the mouth, because it was perhaps rapidly excreted by the kidneys. A woman had been known to take one fluid ounce of the tincture in twenty-four hours without being any the worse. In its action the drug was not like digitalis. Any action which it had on the heart was that of a heart poison pure and simple, and any diuretic action it had was that of an irritant to the kidneys. Dr. Sharp believed that strophanthus would in time disappear from the present list of cardiac tonics.—*Lancet.*

Early Diagnosis of Pulmonary Tuberculosis.

J. E. Stubbert (*New York Med. Journal*) says that perhaps the most important of all signs of early tuberculosis are to be found in the general condition of the patient. Gradual loss of weight and increased activity of heart action should always lead to an examination of the chest. These are accepted principles, but it is just because they are

acknowledged and accepted, with the absence of decided physical signs, that we are too prone to attribute the general poor condition to other than tuberculous causes, and so many patients with their disease unrecognized in an incipient and curable stage, are allowed to pass into a moderately advanced condition.

Among the other symptoms in very incipient cases of tuberculosis may be any of the following, alone or severally: A slight hacking cough, with or without some expectoration—first eliminating any possible local cause in the larynx or pharynx—slight night sweats, perhaps only sufficient to cause a moist feeling; rise in the afternoon or evening temperature, possibly of but two or three-fifths of a degree; loss of appetite and deranged digestive functions, accompanied by the loss of a few pounds in weight; hoarseness; feeling tired in the afternoons; blood-spitting or even small hemorrhages. I have seen cases in which, after a small hemorrhage of two or three ounces, no physical signs could be definitely determined until weeks afterward. A rapid pulse, accompanying some of the above mentioned symptoms, always over 100 or 110, should lead us to suspect tuberculosis. The physical signs may be scant, and therefore should be searched for very carefully. Inspection may show the clavicle more prominent, with flattening in the supra and intraclavicular regions. Expansion may be slightly diminished, and is very often difficult to determine; to say the least, it is very indefinite.—*Med. Age.*

A Notable Improvement in the Therapy of Typhoid Fever.

The recent discovery by Duval and Bassett, of the presence of the bacillus dysenteriae (Shiga) in forty cases of infantile summer diarrhea awakens renewed interest in the subject of intestinal antisepsia. But a few months have elapsed since Drs. P. C. Freer and F. G. Novy, of the University of Michigan, demonstrated the enormous germicidal power of benzol-acetyl peroxide, more familiarly known as Acetozone. Although the preliminary reports of these investigators were of necessity based upon results of laboratory experiments, their expectations are already being realized in clinical work, in the treatment of typhoid fever particularly.

In the city of Chicago, where a large number of cases of typhoid have been reported, Acetozone has been used exclusively in the treatment of about 300 of them. The consensus of opinion is that it causes the temperature to decline earlier than usual in the course of the disease, and it ameliorates the mental and physical condition of the patient, in all probability by controlling the toxemia.

Two Chicago practitioners, I. A. Abt, M. D., and E. Lackner, M. D., have thus far reported (*Therapeutic Gazette*, Oct., 1902) forty cases of typhoid in children, treated with Acetozone, with but two deaths, a mortality of 5 per cent. One of the patients that died succumbed to pneumonia and pulmonary edema, the other to great py-

rexia on the fifth day. Stupor and tympanitis were almost entirely absent in all the cases; the characteristic typhoid fetor of the stools was markedly diminished, and the hemorrhage occurred but twice, and in the same case. The average duration of the febrile period, in 37 cases, after beginning Acetozone treatment, was 13½ days. The drug did not seem to act upon the heart or respiratory apparatus.

Early this year Eugene Wasdin, M. D., of the U. S. Marine Hospital service, Buffalo, N. Y., reported 27 cases (*Amer. Medicine*, Feb. 1902) of typhoid fever, 24 of which were treated with Acetozone, all of the patients recovering. The writer says: "Its application in typhoid fever has been followed by very happy results; its use has been directed to the destruction of the germ in its primary lung colony, and also in its secondary intestinal colony, and it has been used by hypodermoclysis to combat terminal expressions, with the result that in 24 cases the disease has been limited almost entirely to the expression of intoxication from the primary focus, the intestinal symptoms remaining entirely in abeyance, and the disease has been shorn of many of its most disagreeable features."

In a second paper which appeared in the *Therapeutic Gazette* for May 15, 1902, the same writer states that his patients were given from 1500 to 2000 c. of the aqueous solution of Acetozone daily. The diet was milk diluted with the same solution. The first influence of the drug is observed in the increased secretion of urine. That this is not due wholly to the ingestion of large quantities of water, necessitated by the use of the saturated solution, is evident from the author's assertion that the same result was observed when Acetozone was administered in capsules. The second influence to which attention is directed is the very pronounced decrease of the odor of the stools, while plate cultures from the dejecta showed comparatively few germs.

The deodorant and diuretic effects of Acetozone were also observed by G. H. Westinghouse, M. D., of Buffalo, [*Buffalo Med. Jour.*, Aug. 1902,] who used it in seven cases. This observer remarks that with the increased flow of urine "a corresponding reduction of typhoid symptoms followed, and tympanites and delirium disappeared." It should be remarked that the diagnosis in all these cases, as well as in most of those reported by the Chicago physicians, was confirmed by Widal's reaction and Erlich's test, and in some a blood-count was resorted to. Westinghouse concludes his paper by saying that "Acetozone, as an intestinal antiseptic, is unequaled by anything I have ever employed. A complete subsidence of all the bowel symptoms followed in every case of typhoid within a few days after beginning its use. The application of the antiseptic consisted, in most cases, in simply allowing the patient to drink the saturated aqueous solution ad libitum; or in other words, substituting this solution for all other liquids, and urging the patient to partake of it freely when the natural craving was not sufficient to insure the consumption of considerable quantities."

TREATMENT OF SCALP WOUNDS.

This man fell on the ice and was attended by the ambulance surgeon. We have here an occipital scalp wound which is sewed up with black silk. It is about two inches long. His hair has been cut off from a large area, covering at least half of the occipital bone. I have taken out the stitches, and there seems to be just a little infection in the upper part of the wound. I will not disturb it; will simply put on a compress, hoping that will be the end of it. It is a great mistake to put sutures in a scalp wound. In some cases there will be no trouble, but in the majority of cases effusion follows. There is no part of the body so liable to suppuration as the scalp. The trouble is not in the hair, but in the hair follicles. I think a surgeon makes a mistake in shaving the scalp for an ordinary scalp wound. Try the simpler way. Get rid of all the blood, wash the wound thoroughly with a carbolic solution $\frac{1}{2}$ drachm to the ounce, then take a lock of hair from each side of the wound and tie them together. That will approximate the edges, yet not sufficiently close to interfere with the drainage. Then if you get an infection, there will be room enough for the pus to form and run outside rather than remain and dissect the scalp from the surface of the bone. There are a variety of ways in which you can bring the edges together by using an ordinary rubber adhesive plaster. Take a strip of this plaster and fold it with the sticky side in, then take your two locks of hair and lay them on the sticky side and fold them together. That will hold them in place. Then put on a compress wet with a two per cent. solution, or five per cent. if you have had contusion, and leave it alone. It will get well without any danger of infection. While if you shave the scalp and sew up the wound and then dust it over with iodoform powder, or any other kind of powder, you will have a pus pocket form under that, and a saturated powder. Turn back to Gross, and see how he cautions about scalp wounds because of the following. If you follow my method this will never happen. Another objection to the ligature is the fact that when you put your needle in you go down to the deep hair follicles and you are almost sure to carry infection in with your ligature.—S. D. POWELL in *Post Graduate*.

ANGINA PECTORIS.

The following is abstracted from an exhaustive article (*American Jour. Med. Sciences*) by Beverly Robinson, M. D.

Angina pectoris is a cardiac neurosis in few cases. More usually there exists also disease of the coronary arteries, of the heart muscle, or of the aortic valves. Pseudo-angina is frequently neurotic and accompanied by symptoms of flatulent dyspepsia. There are many cases in which it is very difficult to tell what symptoms are neurotic and what are due to organic disease.

With angina there is usually an element of spasm or sudden intercardiac pressure. The pain is very intense, and usually means organic

heart changes. It may radiate in various directions, usually toward the left. The patient is pallid; there is extreme weakness and faintness; the pulse may be small, feeble, and irregular, or almost unchanged. Often an attack ends by sudden eructations of gas. There is frequent desire to urinate during the attack, even though the bladder be empty. Upon the body there may be a cold, clammy sweat. The attack may last from a few seconds to several minutes.

An attack may be brought on by exertion, by digestive disturbance, by exposure to cold, or by no assignable cause. Usually the first attacks occur during exertion; later, more severely and readily with slighter cause.

The prognosis is uncertain, and depends principally upon the condition of heart and arteries.

Treatment depends upon the cause of the attack. First we consider the general health, and regulate rest and exercise, food and drink. Where there is high arterial pressure, a mercurial, followed by a saline, once or twice a week, lowers the tension. Between times, especially in gouty conditions, iodide of potash and colchicum may be of benefit. During the attack nitroglycerine and amyl nitrite will relieve the pain by dilating the arteries. With increased rapidity of pulse, these should be used with care. If the heart is weak the nitrites may not relieve, and brandy, ammonia, etc., are useful; counter-irritation, or if this fails, a hot water bag, at a temperature of 140-170° F., moved with light touches over the whole chest, may afford relief. If the attack is prolonged, hypodermics of morphine and atropine, or inhalations of chloroform, are indicated.

For cardiac failure, ether or brandy hypodermically, with nitroglycerine, may be given. Oxygen inhalations are useful, and rest in bed for a time is desirable after the attack, but later it is better to get the patient back to his ordinary life with judicious restrictions.—*Med. Review of Reviews.*

Treatment of Senile Pruritus.

Janicke (*Sem. Med.*) says that in this condition the epidermis is dry and glistening by reason of defective nutrition, and the removal of the superficial epidermis is recommended as a means of relieving the intense itching. This is performed by means of a soft brush. The surface is brushed for ten to twenty minutes, at first three times, then twice and once daily, and finally every alternate day. The dry debris are removed and the effect enhanced by applying an evaporating lotion. If the alcohol therein causes any discomfort or pain, then lanolin ointment may be employed. Vaseline should not be used. Warm and tepid bathing, by softening and swelling the epidermis, annuls the effect of the brushing. This treatment always calms the pruritus, and frequently causes its disappearance for several months.—*Brit. Med. Jour.*

Mydriatics in the Correction of Errors of Refraction.

Dr. S. D. Risley, in the January *Ophthalmic Record*, makes a very effective appeal for the more general use of a reliable mydriatic not only for its cycloplegic action, but also for its therapeutic properties in the management of nearly all cases of refractive error. Dr. Risley claims that the fixed cramp of the convergent muscles of the eye, and the spastic efforts of the lids produced by the undue sensitiveness to light, in many cases will temporarily change the corneal radius and thus make the results secured by examination with the ophthalmometer as well as the skiascope wholly unreliable and unsatisfactory. Without the prolonged use of a mydriatic the static refraction of the eyes will not be revealed in a large percentage of that most vexatious class of cases having asthenopic symptoms and fundus changes due to low grades of astigmatism of either the simple or compound variety. Under the sedative or anesthetic and cycloplegic action of a strong mydriatic the pupil is dilated, the ciliary muscle placed at rest, the irritability of the eye is soothed and the hypemic and turgid, fluffy choroid rapidly settles back to a condition of health. It then becomes possible by objective and subjective methods to measure the static refraction of the eye.

As to the value of the different mydriatics, Dr. Risley offers no suggestions other than that in patients presenting no fundus changes or morbid anomalies of binocular vision, homatropin and duboisine may be and often should be employed, since the relatively brief duration of their effect upon the pupil and accommodation causes less annoyance and loss of time. In those patients presenting fundus changes or morbid anomalies of binocular vision, the use of the stronger mydriatics is necessary if satisfactory results are to be obtained.

Scarlet Fever.

There is every reason to believe that the bearer of the contagion is the exfoliated epithelium, hence, concludes W. W. Robertson, *Pediatrics*, *McL. 1, 1902*, until the eruption makes its appearance the disease cannot spread. The communication is probably effected by the respiratory tract, or possibly through the alimentary canal. It has been conveyed by milk. There is no characteristic morbid anatomy, the eruption, unless hemorrhagic, fading after death. The eruption makes the patient look like a boiled lobster and disappears on pressure to return promptly when the pressure is removed. At times the eruption is patchy. When severe it itches or burns. The mouth, except the tongue, is bright red; after a few days the tongue desquamates and appears bright red also. The duration of simple, uncomplicated scarlet fever ranges from three to fourteen days. In the variety called "anginose" the throat symptoms are severe and there may be a false membrane; indeed, the throat may present all the features of a severe diphtheria. The ear is almost certainly involved. In the "malignant"

variety there is great prostration, cyanosis and delirium. In the "hemorrhagic" form there are more or less extensive hemorrhagic extravasations, epistaxis and hematuria. The treatment is liquid diet, with good nursing, cool sponging or the cold pack if the fever be high, and inunction with cold cream or sweet oil to allay the skin irritation. If the throat require attention it may be sprayed with peroxide 1 to 3, bichloride 1 to 5,000, or carbolic 1 to 50. Cold water or ice externally gives comfort. An efficient throat bandage has pockets opposite the tonsils, and in these, pieces of ice are placed, or India rubber bags may be used. Paracentesis should be practised early if the middle ear be involved.

Injection of Crude Petroleum for Fecal Impaction.

Dr. W. M. Robertson, of Warren, Pa., in a communication to the editor of this department, calls attention to the fact that "it is not at all infrequent to find that high injections of water, olive oil, or any other of the liquid injections commonly used for overcoming obstruction of the bowel are of little use, and various directions are given for overcoming the trouble. As a rule the trouble is simply due to the inability of the fluid used to penetrate the hardened and almost water-and-oil proof fecal mass, so that it may become movable. Physicians of the "oil regions" have found out by experience that the common crude oil as it comes from the wells is the best solvent known for the disintegration of these masses. There is no fecal mass which it will not penetrate and soften. One quart of the oil should be introduced through a colon tube, and allowed to remain for twelve hours. There is usually no trouble about its retention. This treatment has been found to succeed after the most energetic use of water and sweet oil and glycerine failed to give relief. The crude oil has also been used internally, and there seems to be no reason why it should not be given by the mouth in conjunction with the rectal injections for obstipation. In that case it should be given with castor oil."—*American Medicine*.

Hot Water Irrigation of the Bowel in Scarlatinal Nephritis.

Saunby recommends irrigation of the colon with hot water as the best means of restoring the functions of the kidney in scarlatinal nephritis. It should be employed whenever the quantity of urine is diminished or when convulsions occur. In a child aged three years, 500 to 750 cubic centimeters of water at a temperature of 43° C, should be introduced by means of a rectal tube passed into the rectum for a distance of 2½ centimeters. If the water is returned at once it must be repeated, and irrigation should be continued every six or eight hours. After three or four administrations the kidneys generally commence to act, and abundant diuresis takes place.—*Charlotte Medical Journal, May, 1902.*

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A WRONG TO OHIO COLLEGES.

We clip the following from an editorial by Dr. J. C. Culbertson in the Lancet-Clinic for October 18th and heartily endorse every word of it. *The Board has gone too far.*

"No little surprise is felt at the action of the Ohio State Board taken at its recent meeting. It is certainly working an injustice of the rankest kind to the medical colleges of the State. *This action should be reconsidered at its next meeting.* In the past this journal has stood for the highest practical qualifications as being essential upon the part of those who are about to select the medical profession as a future career, and still stands and desires to be recognized as in the very forefront of those who are desiring to hold the standard high, but there is reason to be observed in all things, and unreasonable conditions are presented for consideration."

To this we will add that the eyes of the practitioners of medicine, and of men concerned in medical education, the country over, are beginning to be drawn towards the ultimate effect of error such as the Ohio Board is making. We have withheld comment heretofore because we hoped to find our fears concerning their methods groundless, and also because we felt that it was discourteous to them to publicly call attention to the fact that instead of serving the cause placed in their trust, they are blundering seriously. The dominant school of medicine of Ohio has by this time had a chance to observe the effect of illogical rulings concerning medical colleges of Ohio, on medical education. This expression of the Lancet-Clinic we take to be the first touch of one who has hoped, patiently waited, and been disappointed. To this we will add that we too have been deeply disappointed concerning some things that will likely be the subject of open discussion in the near future, unless the temperate request of the Lancet-Clinic and the friends of education in Ohio be considerately heeded. In

supporting the editor of the *Lancet-Clinic*, we believe we voice the great majority of Eclectic practitioners of Ohio and all the men concerned in teaching Eclectic medicine in Ohio.

MENSTRUATION AND ITS DISORDERS.

VII. METRORHAGIA.—Metrorrhagia is probably not a menstrual disorder in the true sense of the term; however, owing to the condition and term being so often confounded with perverted menstruation it may not be amiss to include it under the present heading, and study it with the various menstrual irregularities under consideration in the present series.

By metrorrhagia is understood a discharge or flow of blood from the genitals between the periods, or at other than the regular menstrual times. It depends on some local lesion or pathological state, usually of the uterus, resulting in a discharge of blood or hemorrhagic loss as a consequence, manifesting itself as a pronounced symptom of the primary or circumscribed trouble; and as will be readily seen, is not therefore menstrual in its nature. In nearly all cases where a woman consults her physician relative to an inter-menstrual flow or loss of blood, she entertains no other idea than that the trouble is a too frequent or profuse menstruation, and in not a few instances the physician makes the same blunder and gives a diagnosis of *menorrhagia*; or if the woman be near middle life, after a very superficial examination he will likely enlighten the patient by informing her she is suffering from the change of life.

The form of uterine hemorrhage known as metrorrhagia may result from various causes or conditions, and the importance of so marked and pronounced a symptom should prompt the physician to make an immediate and pains-taking examination that the source of the hemorrhage and location of the difficulty may be determined at once. The presence of a uterine polypus is frequently the cause of this trouble, under which circumstances the hemorrhage will recur with increased frequency and loss of blood. An intra-uterine examination will determine the presence of the growth, and an immediate removal of the same will constitute the treatment required. Cancer of the uterus, usually of the cervix, may be easily determined upon a visual examination by means of the speculum and is one of the pronounced causes of this form of hemorrhage. If the examination should reveal malignancy, nothing short of extirpation of the uterus, or hysterectomy, should be advised. Caustics, local treatments, applications, dressings, etc., in the hope of relieving the case, is time wasted, and at the expense of the life of the patient in most cases. Cancer of the cervix, in addition to the marked metrorrhagia, is attended by very severe suffering as a rule, the pains usually being of a cutting nature; there is likewise frequently a watery discharge in the intervals between the floodinga. Metrorrhagia is sometimes established a few weeks or

months after parturition, to the great annoyance and distress of the patient; in such an event it depends on the retention of small particles of placental or secundal shreds. The flow in such instances is nearly always foetid and offensive. The trouble yields at once to a careful curettage and removal of the offending material.

Pelvic cellulitis, as well as hematosalpynx, sometimes produces the hemorrhagic discharge or condition of metrorrhagia. The proper treatment, based upon the usually indicated remedies, will remove the difficulty, as the inflammatory lesion is subdued. Cases of metrorrhagia not infrequently attend a lacerated cervix. An examination will locate and determine the extent of the trouble. Pains, tenderness, back and headache, as well as the white of egg discharge, are usually attendant symptoms. The treatment, of course, is necessarily surgical, and consists in closing and repairing the injured part.

As will be readily apparent, metrorrhagia follows as a consequence severe local or circumscribed disturbance, and each case will necessitate an examination with the speculum to confirm a diagnosis and determine the essential treatment.

R. C. W.

MEDICAL COLLEGES.

The Journal of the American Medical Association for September 6 states editorially that there were 156 medical colleges in the United States, with 6,776 instructors, enrolling 27,501 students, and graduating 5,002 students, in the school year of 1901-1902. The graduates were divided as follows: 4,498 regulars, 335 homeopaths, 138 Eclectics, and 27 others—a decrease all along the line from the previous year. There was an increase, however, in students, divided as follows:—24,878 regulars, 1617 homeopaths, 765 eclectics, and 241 in physio-medical and other unclassified colleges. Twenty pages were devoted to itemized information received directly from the college authorities concerning each college in the country. The following is a portion of the eclectic statistics:

	Population	Students	Graduates.	Teachers.	Weeks in Course.	Total Fees per year.
†Eclectic Medical Institute, Cincinnati, O.	325,902	142	36.29	28	275	
†Bennett Medical College, Chicago, Ill....	1,698,575	104	21.39	32	305	
†Eclectic Medical College of New York....	3,437,202	100	7.35	28	485	
†Lincoln Medical College, Lincoln, Neb....	40,169	98	21.25	32	216	
†California Medical College, San Francisco	342,782	84	6.28	32	370	
†American Medical College, St. Louis....	575,328	89	14.33	28	280	
†Georgia College Ecl. Med. & Surg. Atlanta	89,872	58	21.12	24	275	
Eclectic Med. University, Kansas City, Mo.	163,752	49	12.20	24	267	
American College of Med. & Surg. Chicago	1,698,575	36	50	32	405	
Eclectic Med. College of Indiana, Indianap.	169,164	25	31	24	250	
Total.....		765	138			

† National Confederation of Eclectic Medical Colleges.

COMPOUND TINCTURE OF CORYDALIS.

This was also well known and sold under the name of *Scudder's Alterative*, and it was at one time a very popular remedy with the Eclectic school of medicine. It contains alcoholic tinctures of corydalis, or turkey corn, yellow dock, bark of the tag alder, leaves and roots of figwort, and a watery extract of podophyllum. The watery extract of the mandrake is said to be very strongly alterative, and not cathartic like the resin, which is taken from the plant through the use of water as a menstruum. The dose of the compound is from one fluid drachm to one-half fluid ounce.

As an alterative or a remedy that removes morbid diatheses, cachexia, etc., it is prescribed for the cure of syphilis, especially in its later stages, for old *incurable* cases of cutaneous diseases, and for chronic hepatic and other glandular involvements. It is the remedy for chronically enlarged lymphatics, whether their engorgement be due to tuberculosis, or to so-called scrofula, or to syphilis. In short, the compound tincture of corydalis is looked upon by old eclectics as a specific remedy for all those cases in which there is a supposed blood dyscrasia, and in which there is a tendency either to hypertrophy or to suppuration.

Personally we have a very warm respect for the vegetable alteratives, singly and collectively. They surpass in a dozen different respects, the iodides and mercury. Each particular case may have the remedy best suited to it, and if taken in time, syphilis—that in cases where mercury and the iodides have been given for a decade, and is still rampant—may be effectually eradicated from the system. Vegetable alteratives and mild treatment—by this we mean the indicated remedy—will cure syphilis (and we speak knowingly) as they will cure other chronic ailments.

W. E. B.

COMPOUND SYRUP OF PARTRIDGE BERRY.

This is another old Eclectic compound that deserves a passing thought. It contained partridge berry, helonias, high cranberry (*viburnum opulus*), and blue cohosh. Every one of these used singly is a host. What must the combination do? Who can tell? At any rate it served an excellent purpose for years. Prof. King's "Mother's Cordial" had a reputation that will live for years to come. We can hear the old mothers still talking about Prof. King's cordial. Have we forsaken a good thing, and found something better? or are we sacrificing a good compound for less valuable singles? Think it over.

Compound syrup of partridge berry, according to the late American Dispensatory, is not so much a syrup as it is a sweetened infusion, with brandy or alcohol added. It is described as a uterine tonic and antispasmodic, and the dose from two to four fluid ounces taken three or four times a day.

Compound syrup of partridge berry had a very enviable reputation

as a nerve tonic. It was given as such to weak, nervous women, especially during pregnancy, as a partus preparator, or to facilitate labor. It frequently removed, or at least relieved, the common cramping of the limbs, heaviness in the back, etc., of the pregnant woman. It was prescribed with great confidence in diseases of women generally, no matter whether the chief complaint was amenorrhea, dysmenorrhea, menorrhagia, or metrorrhagia. It was a noted remedy for habitual abortion. The beneficent effects were supposed to be due to its tonic action upon the generative organs, and the consequent lessening of the accompanying distressing and disturbing nervous manifestations.

W. E. R.

PROF. HOFFA, OF BERLIN UNIVERSITY.

On the death of Prof. Wolf, the orthopedic surgeon of Berlin University, Prof. Hoffa, of Wurtzburg, was called to fill the vacancy. He is probably one of the most advanced orthopedic surgeons in the world; he is a man about 50 years of age, and has a most wonderful clinic of all kinds of deformities of children. He exhibited quite a number of cases of congenital dislocation of the hip joint, and also the dislocations peculiar to tuberculosis of the joint. His method of dealing with those little subjects in his general clinic is to place them under the influence of chloroform, and then bring the body down so that the pelvis rests on the outer corner of the table, and then by a system of massage and careful torsion, he commences to loosen up the immobilized parts, gradually pulling the leg away from the body almost at right angles, his assistant in the mean time holding the pelvis fixedly to the table, with the child lying supinely on its back. Prof. Hoffa now takes the leg at the knee with his right hand, and forcibly pumps upward and downward, at the same time using the thumb and finger of the left hand over the hip joint to assist in the reduction of the dislocation.

In a majority of cases the surgeon was quite successful in reducing the luxation very promptly; but occasionally there would be a case in which the head of the bone seemed not to find the acetabulum; in other words, the acetabulum had been vacated so long that there was very little cavity. His manner of dealing with these cases is to place the leg at right angles to the body, allowing the head of the femur to rest at the central point of the acetabulum; he then immobilizes it with plaster paris dressing, and allows the patient to wear this dressing for a period of three months, at the end of which time the femur has fairly well reclaimed its new territory, and the limb is gradually allowed to extend free from further imprisonment, provided of course the bone remains in its proper position.

In some other cases where there has been much deformity from the tubercular hip joint, and there is added distortion of the spinal curvature, the patient is placed profoundly under the influence of an anes-

thetic, and extension and counter-extension are brought into requisition, using the lower central edge of the pubic bone of the pelvis, and resting it against an iron brace. The short limb is then pulled and extended until it is nearly equal or in excess of its opposite fellow. The patient is now dressed in plaster paris cast, and the spine distorted or supercorrected as much in the opposite direction as it had previously been before the operation—not unlike the process of the horticulturist in correcting the deformity of his trees.

In this way many of the curved spines are corrected, and the short limb becomes useful. It is Prof. Hoffa's custom to make the proper correction of a dislocated limb whenever a case is presented in his clinic regardless of the time when the dislocation occurred, claiming that in a majority of cases he can correct the deformity even after many years have elapsed.

He also exhibited some very clever clinics where he had transplanted an active muscle into the tissue of a paralyzed limb, making it quite useful and restoring its function.

L. E. R.

ECLECTICISM IN THE WEST—No. 3.

From Los Angeles to San Francisco is a journey of a day only, but when the trip is made by the coast line it is a day of constant delight. The changing scenery, picturesque in the extreme, combining as it does mountain, surf and plain, wild land and cultivated field, makes one great panorama never to be forgotten. But we can not now consume time in descriptive touches; to do so would be to digress into descriptive volumes.

San Francisco is the center of Eclecticism on the Coast. In it the only Eclectic college west of the Rockies is located. For many years this college has served in uninterrupted sessions the Eclectics of the Coast. Here too is the home of the only Eclectic Journal of the far west, and this too was founded years ago. But these facts are matters of record and of familiar history; to do more than refer to them would be to write a book.

One of the most delightful experiences of my visit to the West was evidenced in the reception given by the Eclectics of San Francisco. The evening was a special occasion, and the large double rooms were crowded. It would have been a goodly number for a State meeting. The President of the city society, Dr. Hamilton, did the honors of the occasion, and did them admirably. The greetings of the friends present were hearty, and the hand to hand response to the general remarks made by the visitor, was particularly cordial. Altogether this reception by the Eclectics of San Francisco to a brother from the East was calculated to warm one's heart and strengthen one's faith in both the Eclectic cause and the men and women engaged therein. This is the very stepping off place in the far West; beyond it throbs an endless ocean of water; to the east lie mountains, deserts, plains and valleys.

From the very eastern coast the writer, within a few months, had swung across the country, and had found everywhere surprises in the extreme in connection with the cause of Eclecticism. Massachusetts, New York, Ohio, Nebraska, Southern California, and San Francisco, one and all present great object lessons that one who reads must heed.

The writer wishes that he could touch in detail the phases of this experience, and particularly just now would like to mention the many old friends and new ones too he met in that delightful evening spent with the San Francisco Eclectics. But this is impossible, and must needs be passed for the present. And too must be reserved for a future article, the reception extended by the Eclectics of Oakland. Be it enough to say that the Eclectic physicians of San Francisco are strong in numbers and enthusiastic in behalf of the cause of Eclecticism. They are prosperous, energetic, self-reliant, and the writer takes pleasure in thanking one and all for their many courtesies and most kindly greetings.

J. C. L.

MORE USEFUL DRUGS.

In casting about for a sweetening agent for solutions, when not desirable to use syrup, milk sugar, or chloroform, saccharin may be impressed into service, provided there be no chemical or other contraindications to its use. This agent is a complicated organic product derived from toluene. It possesses remarkable sweetening power, surpassing that of cane sugar three-hundred fold. Some objections have been urged to its employment chiefly on account of its reputed action upon the digestive ferments. The sodium compounds, however, appear to lack this untoward action. As a rule it has but little action upon the process of digestion, but its possible and occasional interference may well be borne in mind. The drug passes unchanged through the system, and is rapidly excreted, chiefly by way of the kidneys.

It neither increases nor diminishes the amount of the urinary product, does not influence the processes of circulation or respiration, nor does it seem to affect nutrition. The urinary chlorides are said to be augmented by it, and the urine does not easily undergo fermentative decomposition, for which reason it has been urged and used successfully in putrefaction and suppurative changes in that fluid, particularly in chronic cystitis. It has no effect for better or worse in fevers. Owing to its antiseptic properties, when used in neutral or alkaline solution, it has rendered good service in aphthous conditions, in gastric dilatation superinduced by fermentation, and locally in the treatment of ozaena and purulent catarrh of the middle ear. In the treatment of diabetes mellitus, saccharin has been substituted for sugar as a sweetening medium for the food. An ordinary cup of tea or coffee is rendered sufficiently sweet by from $\frac{1}{2}$ to 2 grains of saccharin. While it will probably not find great favor as a drug with

eclectic practitioners, it may become useful in forming sweetened solutions for such agents as quinine, antipyrin, guaiac, cod-liver oil, tincture of ferric chloride, copabia and some of the bitter alkoloids. When not to be used with the alkoloids, the favorite method of employing it is to combine it with sodium bicarbonate in the following proportions: Saccharine 10 parts, sodium bicarbonate 11 parts, pure water 100 parts. The dose of saccharin, given singly, is from $\frac{1}{2}$ to 3 grains.

H. W. F.

GONORRHEA.

Gonorrhea, in the female more readily cured and more accessible to treatment, is in its later results more destructive than in the male. When first occurring in woman the gonorrhreal inflammation is vaginal and if detected at this time may be limited to this organ; later the specific inflammation involves the urethra, and about the same time there may be vulvitis and bartholinitis; the disease may also at times implicate the endometrium and extend to the fallopian tubes, resulting in pyosalpinx. For the specific vaginitis we have found the best treatment to consist in first thoroughly cleansing the vaginal mucous membrane by copious injections of creolin solution, two drachms creolin to one pint water, after which the vagina is packed with powdered boracic acid, retained by a tampon of cotton; in severe and urgent cases this treatment is repeated twice daily, but usually once a day is sufficient. The vaginitis readily yields and a cure can be accomplished in a week or ten days. When a urethritis supervenes, if the urethra is not too tender and sensitive, a mild nitrate of silver solution may be injected two or three times a day, but it is better to defer injection until the acute inflammation has subsided. Internally the patient should have eryngium, apis, gelsemium or equisetum, each as indicated or all together in combination; the patient should drink freely in order to dilute the urine and soften its irritating qualities. The vulvitis which also sometimes complicates female gonorrhea, may prove formidable and the enormous swelling and tenderness that occasionally occurs may render it almost impossible to separate the labia for vaginal application; in this case, the vulvar inflammation will have to be subdued before other local measures can be used; a layer of vaselined cotton should be placed between the swollen labia to prevent contact and excoriation; the parts should be bathed with a solution of thuja 3ij, echinacea 3ij, aqua 3iv. This should be applied as often as the patient can be induced to use it, while during the intervals a saturated cloth should be placed in contact with the parts. Acute inflammation of the gland of Bartholin is a common sequel of vulvitis; when this occurs attempts should be made to subdue the inflammation by the application of hot boracic solution or stronger astringents. When suppuration occurs the abscess should be lanced as soon as fluctuation is detected; if it becomes necessary, on account of great pain and tenderness, to anesthetize the

patient for the incision, it is well to remove the gland, thus preventing future trouble for Bartholinitis is frequently recurrent. Gonorrhreal endometritis is alone amenable to treatment by curetting and the application of pure carbolic acid to the denuded mucous membrane, and this should be done promptly before the disease has reached the tubes, otherwise pyosalpinx will in time demand a laparotomy, in order to preserve life.

L. W.

PROF. E. LEE STANDLEE, M. D.

Once more the ranks of Eclecticism have been broken, and another whom we loved has passed on his infinite journey into the Great Beyond. Dr. E. Lee Standlee died on October 4th 1902 at his home in St. Louis, from la grippe, complicated by remittent fever.

Prof. Standlee was just in the active period of his life, and held a prominent position in the profession to which he belonged. He sought to evade no duty and accepted every responsibility placed upon him. He stood for everything that makes a splendid citizen and his character was nobility itself. There lived no truer, manlier man.



Dr. Standlee was born in Arkansas and was a graduate of the American Medical College, in which he has, since his graduation, held the chair of anatomy. He filled this prominent position in the college with eminent credit to the institution and himself. In the profession of medicine he stood at the summit, and his was a national reputation. He was president of the National Eclectic Medical Association in 1901, and he presided over that body at Chattanooga during its session in that city in the year mentioned. At the time of his death he was Dean of the American Medical College; a member of the Missouri State Board of Health; treasurer of the John King Hospital Association; a member of the State Eclectic Medical Society of Missouri;

a member of the World's Fair Committee of the National Association, etc., and was always in the front rank. A responsibility that belonged to him he never attempted to cast upon the shoulders of another. In his chosen work of medicine and surgery he turned instinctively to surgery and it has been my lot to see few that surpassed him as a surgeon. What he undertook to do he did well, and in his death we lose one who promised pre-eminence in surgical work. He labored too hard for his own good, always seeking the welfare of others; and neglecting himself in the alleviation of their suffering, he contracted the disease that caused his death.

Several weeks before he died he was attacked with la grippe, which leading on to a complication of remittent fever, his vitality was inadequate to withstand the combined effects of both, and death was the result.

Dr. Standee was an active member of the M. E. Church South, and a new church that had scarcely been completed stands on St. Louis avenue, St. Louis, a monument to his untiring effort. It is needless to say that his church associations held him in highest esteem, for his every act was a benediction to them, and they looked to him for inspiration in their work. With an unalterable trust in the Infinite, he never faltered in the work to be done, always believing that success must crown his efforts, because he knew and felt that in all his acts Right guided him.

To his associates in the profession he was always courteous and just, and never demanded of them that which he was not willing to give; and rather than resent a wrong done him, he preferred to pass it by in silence, believing that contention leads only to greater disappointment.

Closely associated with him for a time, I knew him to be my friend, and never did I approach him as such, that I went away feeling that it was not true.

Dr. Standee was married to Miss Flora N. Crane, April 20th, 1892, and to them was born one child, a little girl, a delicate flower that blooming but for a brief season, withered and passed on. The memory of the little one was ever present with him and he often spoke of her. Of his immediate family, his wife alone survives him. Of his father's family, both his father and mother, three brothers and two sisters remain behind. Of these, the father and all of the brothers are members of the medical profession.

And now that he is gone nothing that I can say will add to his work and worth, but on his grave I would plant a fadeless flower, and over it I would erect a modest slab, and on that slab I would write this tribute:

Simple, free and kind, this earnest man made every-one his friend. Candid and sincere, he practiced what he preached. This loved and loving man halted where life's morning touches noon, for in his journey on life's highway he had not reached the highest point, but being weary for a moment, fell asleep.

A. F. STEPHENS, M. D.

SURGICAL MISCELLANY.

CIRRHOSIS OF THE LIVER.—In some cases of cirrhosis of the liver the very best results can be very speedily obtained by placing the patient on a light liquid diet giving them three or four glasses of Rhine wine in the 24 hours, not allowing any other stimulants of an alcoholic nature; and then in connection with this change of diet, the administration of podophyllum, powdered crude mandrake root well triturated with sugar of milk: say the patient receives about a grain of this podophyllum in 10 grains of sugar of milk during 24 hours, dividing the powder into four parts; and in addition to this our chionanthus virginica should be alternated every few days. I think much good is accomplished by the general change of diet, and by the placing in the system an acid of the nature of the Rhine wines, taking the patient off, of course, from all sweetish substances in the interim.

CYSTITIS CURED BY CURETTAGE.—In cases of chronic cystitis that have been fairly well medicated without good results, it is well to think of a curettage as a safe and efficient means of bringing about a speedy and thorough recovery. The urethra is carefully dilated to its fullest extent, without the possibilities of rupturing the tissues. The uterine curette is then used, and with much care a thorough curettage of the entire surface of the bladder obtains, after which the viscous is thoroughly irrigated with warm boracic acid douches; this is followed by irrigation with normal saline solution for the purpose of dissolving any blood clots, and a third irrigation of sterile water is used. The patient is instructed to evacuate the bladder once in four to six hours, and in a short time the recovery is complete.

L. E. R.

A SPECIFIC IN POISONED IVY.—The following mixture is one of the very best as an external application in poisoning from poisoned ivy or rhus toxicodendron: Take an ounce of pulverized alum, dissolve it in 8 ounces of whisky, and apply to the vesicated parts three or four times daily. It gives almost instant relief, and in two or three days the poisoning disappears.

A DIAGNOSTIC RULE OF PATHOLOGY.—The German surgeons have a rule in the diagnosis of multiple tumors which reads as follows: "Multiple tumors primary are to be classed as non-malignant; but when they occur secondary, always of a malignant nature." L. E. R.

AN ECLECTIC.—Boycot me not, readers of the Journal, as the rail-road man says, "I'm in the clear." My sentiment is expressed in the following, dedicated to L. E. R., jr.:

Darling little baby boy,
Full of colic, you bet;
Fills the household with much joy,
Catnip he'll surely get.

Saturday, September 27, 1902, 1 A. M.

L. E. R., SR.

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VOL. VIII.

NOVEMBER, 1902.

No. 11.

BOOK NOTICES.

A POCKET TEXT-BOOK OF MATERIA MEDICA, THERAPEUTICS, PRESCRIPTION WRITING, MEDICAL LATIN AND MEDICAL PHARMACY. By William Schleif, M.D., 12mo, 382 pp. Edited by Bern B. Gallaudet, M.D. Cloth, \$1.75, net. Lea Bros. & Co., Philadelphia.

This volume is intended to afford a condensed yet comprehensive text-book and work of reference on Materia Medica, Therapeutics and a range of cognate subjects which can be grouped with manifest advantage. In addition to the paragraphs covering the physical properties, physiological action, therapeutics and toxicology of each medicinal agent, chapters will be found on prescription writing, medical Latin, medical pharmacy and practical anesthesia. Tables of doses, of poisons and antidotes, and of incompatibilities, together with a therapeutic index of diseases and remedies and a general index, conclude the volume.

This is a new edition, a large part of which has been wholly rewritten.

Not so much as a criticism as to say to Journal readers what the book is, we note that "some classification of medicinal agents seems necessary, but, owing to the variety of effects and uses of certain individual remedies, no satisfactory arrangement is possible," after which more than 30 classes are given besides as many sub-classes, many of which deserve to be full classed in the same list. Of *Podophyllum* under *Physiological Action and Therapeutics*, it says, "a powerful hydragogue cathartic, but slow in its action; also an hepatic stimulant, and has a tendency to act on the upper intestinal tract. Hence it is useful in intestinal indigestion and constipation, dependent on deficient hepatic secretion and torpidity of the intestinal wall, in portal congestion, jaundice and ascites. Death has been caused by the ingestion of a large amount."

Of Lobelia this is the full description. "Lobelia is used only when there is a tendency to bronchial and laryngeal spasm, as in asthma, either idiopathic or secondary to some other condition, in whooping-cough, and in laryngismus stridulus. It is a somewhat dangerous remedy, and is now seldom used, especially for children." (Shades of Samuel Thomson—and the physio-meds!—what say you? We did not think any living man would so put himself upon record. He certainly is a dead one). Further: "Ipecac is the depressing expectorant most commonly used. Syrup of ipecac is a standard remedy in the early stages of acute bronchitis, given in frequently-repeated doses (m. xx-xxx), although any other preparation may be used. It is perfectly safe, and is the best one of these drugs to be used for children." My ipecac bottle carries a poison label; and it is such teaching as this that has become the property of the common people; and in our opinion, in one way and another, syrup of ipecac alone is responsible for a hundred or more deaths in this city annually. There are in our opinion better books upon *materia medica* and *therapeutics*.

W. E. B.

WOOLSEY'S SURGICAL ANATOMY. By George Woolsey, M. D. Octavo, 511 pp., with 125 illus., including 59 full-page inset plates in black and colors. Cloth, \$5.00 net. Lea Bros. & Co., Philadelphia.

Anatomy underlies the whole of medicine and constitutes a large portion of the practice of surgery. Clear ideas of the structure underneath must precede any use of the knife. Consequently, a book like this, which joins anatomy and surgery, is indispensable to all who have or may have surgery to do, whether surgeon, general practitioner, or student. In this book the practical application of anatomical facts to surgical uses must prove both interesting and beneficial to the student and to the surgeon. It must help the student to hold that mass of dry detail (usually so called) known as anatomy; it must certainly be of wondrous help to him in both anatomy and surgery when taking College or State-Board examination. It must help qualify him for the practice of surgery. To the surgeon this book must prove a relief, for through its use he will be saved from the study of that anatomy which is to him, at least for the nonce, of no practical benefit. It makes, for both, the study of anatomy much less difficult. Practical application of any kind of knowledge tightens the grasp upon it.

The plan of the work is based upon twelve years of experience in teaching anatomy by the author. The book is both a surgical anatomy and an anatomical surgery, and we like it and we recommend it to Journal readers as a good book for any medical student or doctor.

It is said that some doctors "take life easily." We assure the studious one that he can take it more easily if he possesses this book, for then it will be less necessary for him to study his anatomy from Gray so continuously.

W. E. B.

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EDITORIAL FROM E. M. JOURNAL.

SAUNDERS' MEDICAL HAND ATLASES : ATLAS AND EPITOME OF TRAUMATIC FRACTURES AND DISLOCATIONS. By Dr. Helferich, Professor of Surgery at the Royal University, Griesfawald, Prussia. Edited, with additions, by Joseph C. Bloodgood, M. D., Baltimore. From the fifth revised and enlarged German edition. With 216 colored illustrations on 64 lithographic plates, 190 text cuts and 353 pp. of text. Philadelphia and London : W. B. Saunders & Co., 1902. Cloth, \$3.00 net.

There are some divisions of medical knowledge that it is necessary for the practitioner to keep on hand, or, as it were, on tap, at all times. This applies generally to the treatment of emergency cases—obstetric and otherwise—and especially to fractures, and, if possible, more especially to dislocations. When your patient is under chloroform, then you *must* know what next to do—that is how to diagnose and how to reduce the luxation. No one who practices surgery—even the country doctor, who frequently reduces a luxated joint—should allow this little book to escape. It is one of those handsomely-illustrated atlases. It will prove of inestimable value to either student or to the general practitioner. In it the relations of the anatomic parts are accurately portrayed, as are also the diagnosis and the treatment.

The book meets all requirements. The illustrations are beautiful and they portray the conditions with unrivaled clearness and accuracy, both as to external deformity, X-ray shadow, anatomic relation, and the method of treatment.

Add this book to your library, especially if your surgical text-book be small or behind the times.

W. E. B.

THE INTERNATIONAL TEXT-BOOK OF SURGERY. Two volumes. By American and British Authors. Edited by J. Collins Warren, M. D., and A. Pearce Gould, M. S., of London, England. Second edition, thoroughly revised and enlarged. Volume I. General and Operative Surgery. Royal octavo of 965 pp., with 461 illustrations and 9 full paged colored lithographic plates. Vol. II. Special or Regional Surgery. Royal octavo of 1122 pp., with 499 illustrations and 8 full-paged colored lithographic plates. Philadelphia : W. B. Saunders & Co., 1902. Cloth, \$5.00 net per volume.

In planning this work the editors and co workers have kept constantly in mind the needs of both student and practitioner. The result—a masterly exposition of the art and science of surgery, untrammeld by antiquated traditions. In its realization they have given to medical literature an invaluable text-book, embodying a clear but succinct statement of our present knowledge of surgical pathology, symptomatology and diagnosis, and such a detailed account of treatment as to form a reliable guide to modern practice. In this new edition the entire book has been carefully revised, and special effort has been made to bring the work down to the present day. The chapters on Military and Naval Surgery have been very scrupulously revised and extensively rewritten in the light of the knowledge gained

during the recent wars. The articles on the effect upon the human body of the various kinds of bullets, and the results of surgery in the field, are based on the latest reports of the surgeons in the field.

The chapter on Diseases of the Lymphatic System has been completely rewritten and brought up to date; and of special interest is the chapter on the spleen.

The already numerous and beautiful illustrations have been greatly increased, constituting a valuable feature, especially so the seventeen colored lithographic plates. The work is excellent; we know of none to surpass it. It is clear, concise and up-to-date.

A TEXT-BOOK OF THE SURGICAL PRINCIPLES AND SURGICAL DISEASES OF THE FACE, MOUTH AND JAWS. For Dental Students. By H. Horace Grant, M. D. 8vo. 231 pp., with 68 illustrations. Philadelphia: W. B. Saunders & Co. Cloth, \$2.50 net.

The arrangement and subject matter covers the needs of the dental student without encumbering him with any details foreign to the course of instruction usually followed in dental colleges at the present time. The work includes, moreover, such emergency procedures as not alone the dentist and physician, but also the layman, may be called upon to perform. These, like the other subjects in the book, have been described in clear, concise language, admitting of no unequivocation. Whenever necessary, for the better elucidation of the text, well-selected illustrations have been employed. For the dental student the work will be found an invaluable text-book; and, indeed, the medical beginner, also, will find its perusal of more than passing benefit.

This little volume is quite comprehensive in the essentials of operative procedure in this region. The summary at the end of each chapter gives in brief the necessary points, both for a differential diagnosis and treatment.

For surgical work about the mouth or face it is valuable, as only the best methods of work are given as a rule.

The presswork is good, fully up to the standard.

K. O. F.

SAUNDERS' QUESTION COMPENDS: ESSENTIALS OF DISEASES OF THE EAR.
By E. B. Gleason, M. D. Third edition. Thoroughly revised.
16 mo. 214 pages, with 114 illustrations. Philadelphia: W. B. Saunders & Co. Cloth, \$1.00 net.

The essentials of otology have been stated concisely, without sacrificing accuracy to brevity. The diagnosis and treatment of diseases of the ear have been absolutely brought down to date by a thoroughly scrupulous revision; only such methods of treatment being included, however, that have personally proved efficacious in the majority of cases. Besides carefully revising the old text, many interpolations of new matter have been made, thus somewhat increasing the number of pages in the present edition.

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The illustrations, many from original drawings, have been selected with the aims of the book constantly in view; and they form a very commendable feature of the work. Indeed, the little volume before us will unquestionably continue to be one of the most popular of Saunders' unequalled Question-Compend Series.

While not especially friendly to this class of medical works, the author has embodied the principal points in ear work. Theories, etc., are necessarily left out. As a quiz compend it is, however, all that could be expected.

K. G. F.

PRACTICAL OBSTETRICS. A text-book for practitioners and students. By Edward Reynolds, M. D., and Franklin S. Newell, M. D. 530 pp. 8vo., cloth. Price, \$3.75. Lea Bros. & Co., Philadelphia.

This is the very latest of several very excellent works on obstetrics to appear. It covers the subject very thoroughly and is up-to-date in every particular. It includes all the recent obstetrical operations, which are well illustrated and clearly described. The chapter on the use of forceps is one of the most valuable in the work, and is the most practical and instructive, in our judgment, of anything that has yet appeared on the subject. The work is well illustrated, including 252 engravings and 3 colored plates, and we do not hesitate to bespeak for it the consideration of all who may be interested.

R. C. W.

THE DISEASES OF INFANCY AND CHILDHOOD. By L. Emmett Holt, M. D. Sold only on subscription. Price, cloth, \$6.00. D. Appleton & Co., publishers, New York.

This work of nearly 1200 pages covers exhaustively the entire field of pediatrics. The present second edition of this generally-recognized work on the diseases of children was rendered necessary owing to the rapid advances of medicine. All of the chapters have been revised and many entirely rewritten, and much new material added. The section devoted to the consideration of milk and infant feeding will be found of especial interest. The work treats of everything on the subject to the very present, including 225 illustrations and nine colored plates. The splendid reputation of the work is well sustained in this the second edition.

R. C. W.

THE PRACTICAL MEDICINE SERIES. Vol. IX., Physiology, Pathology and Bacteriology. By W. A. Evans, M. D. Year Book Pub. Co., 40 Dearborn street, Chicago. Cloth, \$1.25 each. Vol. X., Skin, Venereal, Nervous and Mental Diseases. By W. L. Baum, M. D.

To the physician who desires to keep abreast with the progress of medical science these small volumes are almost indispensable. Each book contains an excellent compact review of all the new discoveries and advanced technique on the subjects treated. In the department of physiology much attention is given to the "antibodies," and to the functions of the phagocyte. Pathology is brought up to date, with a

careful discussion of the latest aspects of tuberculosis. Very real subjects are given considerable attention, with the latest and most efficient treatment of gonorrhea and syphilis. Mental and nervous diseases—especially the cure of the insane—are concisely and intelligently considered.

L. W.

DISEASES OF THE ANUS, RECTUM, AND PELVIC COLON. By James P. Tuttle, M. D. Eight colored plates. 338 illustrations. Cloth \$6.00. Subscription only. D. Appleton & Co., New York.

This work is the most complete review extant of the diseases of the anus, rectum and pelvic colon, based on a thirty years general hospital experience and ten years' teaching of rectal diseases in a clinic devoted entirely to these subjects.

It embraces the etiology, pathology, symptomatology, diagnosis, and treatment. The diseases are introduced according to their natural sequence or etiological relationship to each other. Modern methods and improved instruments for diagnosis are carefully described and illustrated. Lines are laid down for the general practitioner to follow in the local treatment of his own cases; the accepted methods of other surgeons, as well as those of the author, are fully described.

Great detail is used in describing operations in order to make them clear. There are 300 original illustrations, taken from clinical cases or dissection. The colored plates are all multiple and exemplify pathological conditions. Dr. Tuttle has long been recognized as an authority upon this subject and as a clinical teacher of wide experience. His book will appeal to the student and busy practitioner.

L. E. R.

THE PRINCIPLES AND PRACTICE OF GYNECOLOGY FOR STUDENTS AND PRACTITIONERS. By E. C. Dudley, M. D. Price, cloth \$5.00. Lea Brothers & Co., Philadelphia. 8vo. 761 pp.

Dudley's has always been one of the leading works on gynecology. We find frequent occasion to consult it, and always with profit and satisfaction. With the new third edition revised and enlarged the work has been brought well up to our present knowledge on the subject in every detail. Nearly 100 pages have been added in the new work, which also includes 474 illustrations of which 60 are in colors and 22 full page in colors and monochrome. To any who contemplate adding something on this subject to their collection of books, we are pleased to commend Dudley's.

R. C. W.

The complete novelette of Lippincott's Magazine for November is "The Other Man," by Frederic Reddale. It opens with a wild adventure in the diamond fields of South Africa and ends amid the fascinations of English high life. Between these extremes lie a tragedy and a mystery, which is solved by a wedding. Those who want a story to sit up with will entirely approve of this exciting narrative.

THE TREATMENT OF FRACTURES. By Charles L. Scudder, M. D. Third edition, revised and enlarged. Octavo, 480 pages, with 645 original illustrations. Philadelphia: W. B. Saunders & Co. Buckram, \$4.50 net.

This book is a guide to the practitioner and student in the treatment of fractures. Methods of treatment are described in minute detail. Elaborate and complete series of illustrations constitutes a feature of this book; there are 645 of them, all from new and original drawings and reproduced in the highest style of art. In this edition several new fractures have been described, and an excellent chapter on gunshot fractures of the long bones has been added. In many instances photographs have been substituted for drawings, and the use of plaster-of-paris as a splint material has been more fully illustrated.

This book is commended on account of merit.

L. E. R.

ESSENTIALS OF HISTORY. By Louis Leroy, M. D. 16 mo. 263 pp. 22 illustrations. Philadelphia: Saunders & Co. Cloth \$1 net.

This compend contains in a concise form the latest and essential facts in histological science. The statements are written in a plain and readable manner. There are illustrations of the important tissues. This, like all of Saunders' compends, will be found an up-to-date, invaluable aid to the student getting up his quiz work, while the practitioner interested in the subject can here obtain the information desired in the shortest time possible.

G. W. B.

COLLEGE AND SOCIETY NOTICES.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

To the Eclectics of the United States:

Our next annual meeting will be held in Indianapolis, Indiana, June 9, 10 and 11, 1903. You will see by the above date that the meeting will be the second instead of the third week of June.

This change was made by a majority of the committee as best suited the time and place. Ere long the chairmen and secretaries of sections will be sending letters of invitations asking you to prepare papers for their various sections. May I not bespeak for them a kind and willing hearing? You may receive several letters from different ones, because each one is going to make his or her section the best it is possible for them to make. Will you please answer as many in the affirmative as possible; if not send them a letter saying you can not. They will then know on whom to depend. It will encourage those who are working if you will report promptly.

It is thought best not to have so many sections, and we contemplate a combination of *materia medica* and *therapeutics*, specific medication and practice under the one general head of medicine, and devote all of the second day to the discussion of the one great subject so dear to the Eclectic heart, our medicine.

The other sections will be full and rich, and more time given to them for the elucidation of the various subjects.

Three ex-Presidents, all good and true men, have passed away since my official year began. Drs. Williams, Curryer and Standlee, all members of the finance committee. The loss to me seems personal indeed, because they were all men of action and we needed them for the work yet to be done. We have a great eclectic host outside the fold of the National Association. Won't many of you come in and help fill up the vacant places.

Indianapolis is a beautiful convention city and accessible to all parts of the country. Ohio, Illinois, Michigan and Kentucky, our very near sister States, will come in great numbers. Our State society will leave nothing undone to make your reception warm and stay pleasant.

If Texas can send a score and New York and New England many more, surely the intermediate States will act well their part. Begin now to make preparations and continue with the thought that "I am going to be one who will help make the National a success next year." With that resolve the rest will be easy. Our Indianapolis committee anticipates 500 to 700. Don't disappoint them, and overwhelm them if you can. Yours for a successful meeting, J. D. McCANN, M. D.,

President N. E. M. A., Monticello, Ind.

PERSONALS.

Dr. Lena R. Whitford, E. M. I. '97, is conducting a sanitarium and home for invalids under the name of the South Side Villa, at Thomasville, Ga. This location is in the pine region of Georgia, and the climate is very beneficial to many chronic cases. Dr. Whitford was a graduated nurse previous to her medical training, so that any of our readers can intrust patients to her and know that they will be well cared for.

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ORIGINAL COMMUNICATIONS.

RUDOLF VIRCHOW.

By Alexander Wilder, M. D., Newark, N. J.

THE death of Rudolf Virchow has taken from the ranks of the medical profession one of the most distinguished men of our time. He was what M. Sandel declared of Emanuel Swedenborg when delivering his eulogy, a man who comprised the whole academy of scientists in his own person. Virchow mastered the learning of the former years and then added his own attainments to it, completely revolutionizing the current opinions of his time. In a period which has produced such men as Hunter and Humboldt, Bichat, Karl Rokitansky, John Hughes Bennett, Sir Charles Bell and Marshall Hall, to equal them was no small achievement.

Virchow gave the world the theory of cell-growth, which has enabled the really scientific among medical men to take more rational and intelligent views of pathology and the treating of disease. It made whole libraries of books on biology, physiology and pathologic science obsolete.

It is not the purpose, however, to give any complete catalogue of his works. They extend over the fields of medicine, physiology, pathology and ethnology. There are treatises on Life and Disease, Nourishment and Health, Pathologic Anatomy, Clinic Medicine, Cellular Pathology, Morbid Tumors, Pneumonia, Thrombosis, Embolism, Leukocæmia, Typhus, Public Medicine and Epidemiology—also upon Goethe as a Naturalist, Trojan Tombs and Skulls, the Education of Women.

Yet the career of Virchow was far from that of a recluse student, or the professor in the classroom and laboratory. He was a many-sided

man. He took a deep interest in whatever concerned the welfare and mental life of his people. He was an implacable adversary to arbitrary power, and would neither submit voluntarily or consent to compromise. A sketch of his personal history will afford a better view of his character.

Rudolf Virchow was born at Schivelbein, in Pomerania, October 19, 1821. He received the usual preliminary instruction in his native country, and having engaged in the study of medicine received his degree at Berlin in 1843. He was a disciple of the celebrated physiologist, Johann Muller, whose views he warmly advocated. In 1847 he was appointed a professor in the University of Berlin, and there occurring an outbreak of typhus fever in Silesia, he was sent by the Prussian government to investigate its causes and take measures for its abatement. His success in this undertaking assured his standing as an expert in his profession.

Meanwhile he was busy in matters of general importance at home. He founded the Archives of Pathologic Anatomy and Clinic Medicine, and established a periodical entitled "The Medical Reformer." He was also a principal organizer of the Democratic Club, and his speeches at the meetings confirmed his reputation as a popular orator. He was elected to the National Assembly of Prussia, but not being of legal age he did not take his seat. His zeal and activity now attracted the attention of the authorities. The Medical Reporter was suppressed, and he was removed from his professorship at the university.

Proscription, however, did not drive him into obscurity or moderate the vehemence of his utterances. In 1849, in the very midst of the political revolutions which were agitating Europe he was appointed to the professorship of Pathologic Anatomy at Wurzburg, in Bavaria, and for several years was distinguished as one of the luminaries of the "Wurzburg School." In 1856 he returned to Berlin, having been reinstated in his former position in the University. He now prosecuted his scientific researches with new energy, and published his discoveries in cellular pathology, with which his name and reputation have ever since been distinctively connected. He would be accounted guilty of imposture who questioned this claim.

Virchow was still to be found in the arena of politics. In 1859 he was elected to the Municipal Council of Berlin, and in 1862 he became a member of the Prussian House of Deputies. Here for sixteen years he was the recognized leader of the Liberal party. He resisted the efforts of the reactionary Church to acquire political power, and is credited by his supporters with originating the term "Kulturkampf" to signify that control. He was distinguished for the extreme radicalism of his views, and for his increasing vigilance in regard to attempted encroachments upon liberty and endeavors to increase the power of the throne. He was able in 1861 to procure the adoption of an address which arraigned the ministry as violators of the constitution; and in 1865 he successfully defeated the project to create a

navy. From the beginning he had been the unyielding opponent of Bismarck, and on this occasion his denunciations were unsparing. The great minister was enraged beyond bounds, and challenged him to a duel.

The year 1866 was memorable in Germany. The Bund was dissolved; war between Prussia and Austria followed, and the new confederation of North Germany was formed with Prussia at the head. During these events the Liberal party lost prestige. But Virchow relaxed none of his watchfulness. He was foremost in the conflict, opposing centralization and militarism with all his energy. In 1869 he offered a resolution in the Landtag for international disarming, but obtained only ninety votes in its favor. He nevertheless continued his opposition unrelentingly to Bismarck and his projects till the fall of that statesman. In 1878 he yielded the leadership of the Liberal party to Eugene Richter, and from 1880 to 1883 served as a member of the Reichstag.

He now devoted his attention more exclusively to professional pursuits. His reputation was universally acknowledged. In sympathy he was indeed a citizen of the world. He belonged to numerous scientific societies in France, and when in 1872, during the war, he was urged to resign his membership, he only replied that such an act would be against the interests of science and civilization. He also accepted an election to other learned bodies in England and America. In 1892 the International Medical Congress met at Berlin, and was attended by some five thousand physicians. Virchow presided over the sessions.

He was equally patriotic and cosmopolitan. Not only did he resist political encroachment and usurpation as a tribune of the people, but he bestowed his private fortune and efforts in their behalf. He founded the Virchow Institute, and took an active part in the organizing of the German Anthropologic Society.

Virchow can hardly be described as personally agreeable. It seems to be a peculiarity of reformers and leaders into new fields of thought and enterprise, that they are harsh in manner, imperious and intolerant. Many, indeed, who would be considered to be somewhat, cultivate such rudeness even to boorishness. In many respects Virchow resembled the Puritans of England as they are described by Macaulay. He believed implicitly that the doctrines which he maintained would be effectual to regenerate society morally and politically. The opposition which he encountered only served to make him more vehement. He was always fearless, profoundly earnest, and at once truthful and reckless in his public utterances. When Bismarck challenged him it required the greatest endeavors on the part of others to prevent the duel.

In the class-room he was exacting almost to unqualified despotism. He never spared himself or bestowed care upon his personal appearance. He was slovenly in dress, and spoke in a canting, disagreeable

tone of voice, as though scolding persons whom he addressed. He was incessantly at work, beginning early and continuing till a late hour, giving brief time for sleep. He was not patient of any delinquency in others. It is told of him that when on a stormy morning some American students were late at the laboratory he scolded them roundly. "My Lord," he vociferated, "you ought to come in better season; you waste your time in prayers when you ought to be here at work." It is evident that he did not go astray after such a manner. To work, to work faithfully, to work to the extent of one's ability—such was his religion. Yet so great had been his fidelity to his convictions, his masterly industry, his devotion to duty, as well as his almost super-human attainments, that he was admired and even loved as well as feared. He was unselfish; he realized that he owed his energy and talent to his profession and country, and he bestowed them faithfully and abundantly. He advanced the cause of liberty in Prussia, and he increased the store of professional knowledge to a degree not easy to estimate.

In 1888 the Crown Prince Frederick succeeded as Emperor of Germany. He was ill with a fatal distemper, and Virchow was called into the consultations with Sir Morell Mackenzie and the other professional men in attendance.

Virchow celebrated his eightieth birthday at Berlin on the 21st of last October. He was like Moses of old, "his eye was not dim nor his natural force abated." He received the most flattering attentions. Scientists came in large numbers to congratulate him for his continued energy and usefulness. To a delegation of Americans he made the promise to visit their country when ninety years old. The medical men of Germany presented him with fifty thousand marks (\$12,500) to endow the Virchow Institute.

Emperor William II. sent him the Gold Medal of Science. None of the members of the Faculties of Law and Medicine were so honored, and but three members of the Faculty of Philosophy. Dr. Mommsen one of the members, paid him this tribute.

"You have broken new ground and laid fresh foundations for medical science; your name is written upon the tablets of history, and is honored far beyond the borders of the father land."

In the later days of August Professor Virchow was prostrated by illness. Its termination was evident, and on the 5th of September the word came by cable that at two o'clock in the afternoon he had breathed his last.

Few words need be spoken in his praise. Exalted in his devotion to knowledge, he was equally so in his care and regard for his fellow men. He hated imposture; he contended resolutely against tyranny and oppression. Class legislation, even in behalf of his own profession, he abhorred. He even overstepped the artificial ethics in his love of fairness. Men like him are the demigods of the earth. For such men the world exists; they uphold it and make it fit to live in. To everything of which they take hold they give credit and honor.

ECHAFFOLTA IN SMALL-POX.

By E. R. Waterhouse, M. D., St. Louis, Mo.

IN January, 1902, I was called to a home in East St. Louis and found the mother of five children in bed with the worst case of small-pox that I ever saw; it was a well developed case, covering her from head to foot. The five children had never been vaccinated, and I expected a terrible time with them. Of course I at once vaccinated the whole lot, and putting an ounce of echafolta into a half pint flask, I filled it with water and directed the children to have a teaspoonful of the mixture every two hours. The second day after two of the children had a fever and a few pimples appeared. They all had the small-pox, but four of them did not take their beds, and the eruptions did not count to twenty-five on any case. In the following ten days an old maid aunt of the children took down with the disease, and I gave her the same remedies, and she came out about the same as did the children.

This experience strengthened my belief in the pus combatting action of echafolta, and I prescribed the same treatment for four other cases that I had the following month. Of course the majority of cases of small-pox were very mild in this epidemic, but in the eleven cases treated, ten had echafolta and were very light, while the one that did not have the remedy was unusually severe. When the secondary fever came in this case I believed she would die, from the fact that she was about six months in pregnancy. She had doses of Mothers' Cordial every two hours when the condition of her throat allowed her to swallow it, and she came through all right, and was delivered in due time of a sickly boy, which died a month after. There were no signs of pox marking upon the child. For the condition of the throat in bad cases of small-pox I use a mixture of phytolacca and glycerine, to be sprayed into the throat at frequent intervals, the phytolacca to influence the glands, and to aid the glycerine in coaxing out a little moisture to the parched and scabby throat.

ANTITOXINE.—Again I will give some extended experience in treatment of diphtheria with antitoxine. I believe that I used the first vial of antitoxine that was used in this city. Having read much of the remedy, and having a very bad case of laryngeal infection, I obtained a bottle of the remedy which a friend had brought from Germany, this I used with the most happy results, since which time I have treated fifty-six cases of diphtheria, using antitoxine in fifty-four of the cases, with no deaths. The great cry against the remedy that sprang from the terrible lesson learned by the physicians of St. Louis is really no argument against it, as this serum was drawn from a horse that died three days after giving up the serum from tetanus. When we understand that ten days are required from inoculation to develop a case of lock-jaw, we must conclude that the horse must have had the disease for at least seven days previous to taking the

serum from him, and had the health officer used the precautions used by all reputable manufacturers of antitoxine, the death of the fourteen children would not have taken place. The above mentioned precautions are to inject some of the finished serum into Guinea pigs and carefully watch them for the period of ten days for the possible development of tetanus. This was not done, and without which no one could be sure that the serum was free from this poison.

About the last of September, 1902, several deaths from diphtheria occurred in the extreme northern part of this city, and all in the same neighborhood. Within a few days after I was called and found five cases in one family. Two of the cases were already nasal, and laryngeal. I injected the whole lot at once, using the remedy of the strength of 8,000 units; they were all up on the third day following.

Just how this remedy does its work, noted therapeutists differ. We know that these diphtheritic germs, when matured in the patient's system, throw off an excrement which is a deadly poison to the patient, as well as to the germs themselves—in other words, the germ suicides from its own filth. Antitoxine is a solution of this germ excrement, developed in the blood of the horse, and when injected into the patient in the early stages of the disease, the germs are all killed before they attain an age whereby the antitoxine is given off, and recovery is complete in from twelve to twenty-four hours, but should we tarry until the child is badly poisoned, recovery is slow, if at all.

In every case of death where good antitoxine has been used, the remedy was used too late. In each case, so far as I have investigated, I find the remedy was not used until the physician had tried all he knew of, when the antitoxine came in and the child of course died, and the "horse juice" had the blame of killing the patient. Many believe that the serum has the power of neutralizing the poison already in the patient's system, but so far as my observations go, I am of the opinion that no such action can be proven. I also believe that where good antitoxine is used on the first day of the disease, in the strength of not less than 8,000 units, we will not chronicle one death in each five hundred cases.

I realize that many of our school are very bitter against the use of antitoxine, and continually search the daily papers for accounts of failures in its use, but if they will take the time and trouble that I have to find out upon what day of the disease the injection was made and the strength of the serum used, the argument will have lost its value to them.

Again let me advise you to use antitoxine, and use it early in the disease, and above all do not use any unless in strength great enough to do the work. In any case should you use the remedy of the greatest strength that is made, or should it be given upon a wrong diagnosis, no possible harm can come from its use.

CHOLECYSTECTOMY.

By W. B. Church, M. D., Holland, Mich.

SURGERY of the appendix vermiformis has been so thoroughly exploited if not exhausted in recent times, that the profession is now as near unanimity as it is likely to be. It may be well enough, therefore, to give that subject a rest. Meantime, the zeal and alertness which have done so much in this field might profitably take a step upward, and find in the region of the gall-bladder and bile ducts another province to conquer. Every physician long in practice will be able to recall cases of cholecystitis, cholelithiasis, or cholangitis, which have resisted all treatment, and after great and prolonged suffering, proved fatal. In this city the valuable life of a prominent business man was lost a few months ago after all the resources of medical treatment had been applied. Post mortem showed death was the direct result of cholelithiasis. Many cases under either of the above heads are essentially surgical. Surgeons have been slow to recognize this. At least physicians are not so likely to refer such cases to a surgeon, as they will be in the not distant future. The subject is much too extensive to attempt to treat in a single article. It would be presumptuous to attempt a lengthy dissertation on the various pathological conditions to which these organs are subject, as all are familiar with them. It is only proposed to emphasize the surgical aspect of the question. For this purpose the following case is presented:

About five weeks ago Dr. E. D. Sessions, of the adjoining town of Fennville, asked me by telephone to see a case with him. Patient, Mrs. G., was a farmer's wife living two miles in the country. On the way the doctor gave me a history of repeated attacks, extending over a period of seven years, of what he considered gall-stone colic. Some of these were quite severe, with jaundice, vomiting and such severe pain as to require hypodermic of morphine in full doses. He said he felt unwilling to use the hypodermic syringe any more, and was in hopes a surgical operation might be deemed practicable. An examination confirmed his diagnosis, and the opinion was given that it was a surgical case, incapable of relief by any other means. She presented a sallow, emaciated appearance, having lost over thirty pounds. There was marked tenderness over the right side, especially between the ninth costal cartilage and the umbilicus. The border of the liver was apparently thickened, and projected below the costal arch. The gall bladder could not be palpated, and there were only the general symptoms mentioned to indicate the necessity for surgical interference. The futility of medical treatment having been demonstrated, consent to operate was obtained.

She was put upon preparatory treatment for a week, consisting of daily salt water baths, with high enemas of normal salt solution. Hot and cold compresses applied and liquid diet advised. Dr. Sessions also gave remedies as indicated to improve her general condition.

At the appointed time she was in fair condition, and faced the ordeal with excellent courage. A room of the dwelling was carefully prepared, and the patient subjected to the usual preliminaries for securing asepsis. An incision four inches long, three-fourths of an inch from and parallel to the costal border, afforded access to the usual site of the gall-bladder, which lies between the upper margin of the great omentum and the duodenum, on a line connecting the ninth costal cartilage and umbilicus. The viscus itself was in this instance located with difficulty. Adhesions of the peritoneum to duodenum, colon, and omentum, and matting of all together obstructed all approach. Breaking up these adhesions, which was accompanied with considerable hemorrhage, enabled me to discover the cholecyst partially buried in the substance of the liver on its under surface. It was dissected out of its bed with the fingers, the friable parenchyma of the liver permitting this without causing any alarming hemorrhage, when it was drawn into the opening as far as possible. It was seen or rather felt to contain a large calculus. The intention had been at first to open and drain, but as it was evident there was very little fluid of any kind in the cyst, it was decided to amputate instead. This was done by ligating the cystic duct, and covering in the severed extremity with sutures. Moist gauze packing was used for drainage, as there was considerable oozing, and the wound closed by continuous catgut ligaturing of peritoneum and fascia, with interrupted external sutures of silk-worm gut. Convalescence was rapid and without incident. Temperature ranging between normal and 100°. Appetite and digestion in a week's time were better than for years, and the constant pain and tenderness are gone.

The gall-bladder contained a single calculus the size and shape of a peach pit, a sharp point of which had eroded the mucous lining. Its walls were thickened and had contracted down upon the stone, leaving no unoccupied space. It had long ceased apparently to be a receptacle or reservoir for bile. As its function was thus permanently suspended, and in consequence its existence was ignored by nature, extirpation was the most reasonable procedure. Not only was it a useless appendage, but it was the direct cause of chronic indigestion and gastralgia, with frequent severe attacks of biliary colic, greatly impairing nutrition, and rendering her a helpless and hopeless invalid.

I am able to recall two cases in my earlier practice where, after years of suffering with recurring attacks of colic, vomiting, jaundice, etc., carcinoma developed, apparently as a sequel or culmination.

I suspect both of them might have been rescued from such a fate by such surgery as I would now be inclined to advise.

**NATIONAL CONFEDERATION
—OF—
ECLECTIC MEDICAL COLLEGES.**



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1902—1903

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PREAMBLE.

 T the Annual Meeting of the National Eclectic Medical Association, held at Niagara Falls, New York, June 19th, 20th, and 21st, 1894, the following resolution, recommended by the Committee on Medical Colleges, was adopted unanimously:

"RESOLVED, That the Committee on Medical Colleges recommend the organization of an Eclectic Medical College Association, composed of two delegates from each College recognized by the National Association; and that the Committee on Medical Colleges be given power to sanction any action taken by said organization."

H. WOLGEMUTH, M. D., *Chairman*,

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H. H. GREEN, M. D.,

Committee.



Following the adoption of the above, the "National Confederation of Eclectic Medical Colleges" was organized, and a constitution adopted, of which Article II is herewith appended:

"The objects of this Confederation shall be to maintain organized co-operation between the Eclectic Medical Colleges recognized by the National Eclectic Medical Association; for the purpose of promoting the mutual interests of said Colleges, establishing uniform minimum requirements and curriculum, and furthering the cause of higher medical education."

MINIMUM REQUIREMENTS.

The following are the present minimum requirements as revised in June, 1902.

1.—PRELIMINARY REQUIREMENTS.

Creditable certificate of good moral character.

Good English education, to be attested by (a) first grade teacher's certificate; or (b) a diploma from a graded high school, or literary or scientific college or university; or (c) regents medical students certificate; or (d) entrance examination covering a good English education including an elementary knowledge of natural history, physics and latin.

2.—ADVANCED STANDING.

Graduates from pharmaceutical, dental, and veterinary colleges may be allowed one year's time on a four year medical course, only on condition that they comply with the entrance requirements, and pass all examinations and perform all laboratory work embraced in the course of study of the Freshman year. One year's advanced standing may be given students with degrees from a recognized literary college.

3.—COURSE OF INSTRUCTION.

The course of instruction shall consist of a four-year graded course or its equivalent, as herein prescribed, including four sessions of six months each in four different calendar years.

The following graded course is recommended :

BRANCHES IN THE FRESHMAN YEAR.

Anatomy, dissection, osteology; chemistry; physiology; histology; materia medica, and pharmacy.

Examinations to be held on all first year studies, and may be final in chemistry, osteology, histology, and pharmacy.

BRANCHES IN THE SOPHOMORE YEAR.

Anatomy, dissection; toxicology; physiology; pathology; bacteriology; materia medica and therapeutics; physical diagnosis; hygiene; minor surgery and bandaging.

Examinations in all second year studies, and final in anatomy, toxicology, physiology, pathology, bacteriology, physical diagnosis, hygiene, minor surgery and bandaging, and materia medica.

BRANCHES IN THE JUNIOR YEAR.

Practice and principles of medicine; therapeutics.

Diseases of children.

Surgical anatomy, and operations upon cadaver.

The principles and practice of surgery.

Gynecology; obstetrics; electro-therapeutics; medical jurisprudence.

Examinations in all third year studies, and final in therapeutics, surgical anatomy and electro-therapeutics.

BRANCHES IN THE SENIOR YEAR.

Principles and practice of medicine.

Diseases of children.

Principles and practice of surgery.

Gynecology, obstetrics.

Diseases of the eye and ear, nose and throat.

Venereal diseases and dermatology, medical jurisprudence.

In addition to the above branches, the students in the junior and senior year are required to attend clinics and autopsies and do practical laboratory work in medical diagnosis.

4.—ATTENDANCE AND EXAMINATIONS.

Regular attendance during the entire lecture course is required; allowance for absence to be made only when occasioned by the student's sickness; such absence not to exceed twenty (20) per centum of the course.

Regular examinations or quizzes to be made by each professor or lecturer from time to time during the term.

Final examinations on the branches held, to be conducted by competent examiners.

Each student shall have dissected the lateral half of the cadaver. The dissections to be in two separate years.

Attendance upon clinical and hospital instruction, and instruction at autopsies.

5.—REQUIREMENTS FOR GRADUATION.

Attainment of twenty-one years of age.

Creditable certificate of good moral character and good conduct while in college.

Attendance on four courses of medical lectures of six months each in different years.

Regular attendance during the course of lectures, clinics and quizzes.

Satisfactory examination in all branches, with a rating of not less than seventy-five (75) per centum average.

Attendance on two courses of lectures on anatomy and the dissection of a lateral half of the cadaver.

NOTE—The foregoing are the MINIMUM requirements of colleges belonging to the Confederation; most of the colleges require more than the foregoing.

The next Annual Meeting of the Confederation will be held at Indianapolis, Indiana, June 9–11, 1903.

For further information address

JOHN K. SCUDDER, M. D., Secretary,

No. 1009 Plum Street,

Cincinnati, Ohio.

BRONCHOCELE.

By Forenci E. Hill, M. D., Bainbridge, N. Y.

BRONCHOCELE, goitre, or big neck, is, pathologically, a chronic enlargement, or hypertrophy, of the thyroid gland, involving the whole or a part of the gland. The prominence given the gland, and its rising and falling with the larynx, during deglutition, are the main diagnostic points in all forms of common goitre. This malady may affect either sex, but it most frequently affects females, from the ages of twenty to thirty-five years. It is very common in people who inhabit certain mountainous districts of Switzerland, and in moist regions, where the soil or rocks are particularly rich in mineral substances. Etiologically, we know that goitre is a constitutional disease, and the cases are not generally plainly defined; being so obscure, they are not satisfactorily understood. I believe, from my experience in studying the disease, that this hypertrophy of the thyroid gland arises from some peculiar hyperplastic, saline, or calcareous material that has impregnated the blood and altered circulation with a neuropathic tendency, essentially affecting the cardiac innervation. Menstrual derangement, attended by violent mental emotions of various kinds, often precedes its development. Physiologists have not heretofore explained definitely the functions of the ductless gland—the thyroid—but the pathological changes that take place are sometimes most serious. Future clinical study and investigation may plainly demonstrate the true relation of the enlargement and change of structure that are manifested in goitre and demonstrate that they are intimately associated with the productive functions—also with the nutrition of the brain.

All forms of enlargement of the thyroid that are not the results of inflammation or malignant diseases are grouped together as goitre. There are five or more varieties, of which the parenchymatous and pulsating are probably the most frequently met with. In an enlarged gland the thyroid will have enlarged gland follicles (parenchymatous goitre). The follicles, or the interstitial connective tissue, or both together, may be hypertrophied without any change in structure or considerable alteration in proportion, or an increase of the interstitial connective tissue (fibrous goitre); the fibrous tissue is the part chiefly affected. Diffused or localized bands are developed in all among the vesicles, and grow larger and harder until the whole structure becomes solid; or, one or more follicles may dilate or coalesce (cystic goitre). The follicles are enlarged into colloid cysts, while the interstitial tissues atrophy and waste until neighboring cavities fuse together and form huge irregular cysts; or, again, vascular changes predominate over the parenchymatous. The vessels become enlarged (pulsating goitre). The blood vessels may be affected, and the change is limited to the gland; or, this may be associated with other symptoms referable to the vascular system (exophthalmic bronchocele, or Basedow's

disease). Graves' disease is an affection in which there is enlargement and hyperemia of the thyroid body, with protrusion of the eye balls; it is essentially a nervous disorder affecting the cardiac innervation and producing anemia.

The differential diagnosis from scrofulous tumor by the scrofulous constitution present and the existence of similar tumors in other parts may be determined in the following manner: From aneurism, by its slow growth, the absence of bellows sound and its immediate reduction medically; from cystic tumor, by its being of small size, painless, soft and somewhat semi-transparent, or by use of the exploring needle; from exophthalmic bronchocele, by the protruding eye balls, cardiac palpitation and enlargement of the thyroid gland.

The prognosis of the disease is favorable when the tumor is soft, in a large percent. of cases. Those not yielding to energetic treatment can be, in nearly all cases, greatly reduced. Surgical treatment for goitre has not been very successful—only in some very rare cases, as in cystic, or of the fibroid variety, a palliative cure has been accomplished. The surgeon has not been successful in devising any operative means to arrest the disease, nor for the extirpating of the thyroid gland, and the only effective treatment that has been proved of advantage thus far is wholly medicinal. The treatment must be energetic and consist of local and constitutional measures.

A great deal may be done for recent parenchymatous goitre, and for some forms of pulsating bronchocele—even in fibroid or cystic degeneration, the size and swelling can be greatly reduced—but the anticipation of a perfect resolution is not nearly so good. I have always employed a strictly alterative treatment, which is in the main vegetable remedies that have an affinity for the body and produce a specific action on parts or tissues of the diseased gland. Our *materia medica* affords an extensive list of remedies alterative in action, and probably the most valuable remedy we have is specific *Phytolacca decandra*.

Specific *Phytolacca* I use both internally, for its constitutional effects, and externally as a local application to the gland. This remedy exerts a specific influence in all inflammatory or enlarged conditions of the glandular structures, especially in various affections of the lymphatics, with hardness and swelling.

The old remedies in recent goitre were of mineral substances, as iron, hydro-fluoric acid and iodine given internally and as a local application and injection, but we have not seen any startling results from these remedies, except the use of iodine, which has been beneficial to some extent in some cases.

Specific *Iris versicolor* is considered by many practitioners as *the* remedy for goitre, and is believed to be the best remedy known for the disease in general. Specific *Iris* given in small doses internally alone has caused the disappearance of more cases of goitre than any other remedy known, but it is not fully appreciated by many physi-

ciana. Specific iris is indicated in the enlargement of the glandular system, especially the enlarged thyroid and lymphatics, by increasing waste and improving nutrition. The curative action of iris is believed to be due to its power in directly stimulating the glandular system, lymphatics and skin.

Potassium iodide is another very valuable alterative; but where there is irritative or inflammatory conditions present, frequently the remedy internally does not kindly act on the patient, and I generally substitute specific stillingia sylvatica for the potassium iodide.

Kali iodidum assists in the removal of worn out tissue, and acts through the glandular system by producing slight chemical changes upon the tissues, thereby relieving the torpidity of these glands by being absorbed into the circulation and eliminated by the different secretory organs.

Ammonium iodidum and sodium iodidum are also valuable alternative remedies, being not so depressing nor irritating to the system as potassium iodide. These iodides differ from restoratives, as they do not remain in the blood, but produce retrograde metamorphosis, and are eliminated with products thus formed.

These iodine derivatives counteract the poisonous action of the morbid matter. Many physicians fail in treating common goitre because they do not thoroughly examine each case as to existing complicating conditions. The complications, either constitutional or functional, will plainly indicate the remedies required in such complications in different cases.

The combination of remedies I employ, generally internally in common goitre, are specific phytolacea, iris, and potassium iodide, or specific stillingia. Various external methods have been suggested by writers upon goitre. Some have advocated the use of common adhesive plaster placed over the enlargement; others, the use of tincture of iodine, or perchloride of iron injected into the goitre.

The use of electrolysis is highly recommended by Duncan; a current from forty to eighty milliamperes externally applied. I may refer especially to one particular case of parenchymatous bronchocele of many I have in my mind while writing this paper that came under my medical care: Mrs. R. C. J., 40 years of age; menopause taking place, the goitre involving the whole gland, and her neck measuring 20 inches; very nervous and general health poor. The family physician of this patient advised her to go to Europe to be treated by a specialist of renowned reputation, who treated with tincture of iodine comp. internally, and employed electricity and injections of perchloride of iron into the goitre. She remained several months, when she returned to her native country to die. She finally came under my care, and I employed the treatment mentioned in this paper, and after some months the goitre became reduced. Neck measuring at this time 14 inches, and she is enjoying good health.

The external treatment I have employed with success is an applica-

tion of specific phytolacca, iris, ammonium iodide and glycerine applied to the enlargement, with good massage manipulation twice a day. Under certain circumstances, operative treatment becomes imperative. In those extreme cases where the trachea is compressed or distorted, causing marked tracheal stridor and suffocating dyspncea on the least exertion, the choice lies between tracheotomy, division of the isthmus, enucleation of the growth and ligature of the arteries supplying the gland. Any of these methods, if employed, are only palliative and only in a few cases, but what they terminate fatally.

MIND OVER BODY.

By Bishop McMillen, M. D., Columbus, O.

IT has been an established fact for centuries that the bodily functions are to a great extent influenced by the mind. The emotions of fright, grief, wrong, anger and hatred all tend to derange digestion, circulation, and excretion, and are causes of mental depression, jealousy and melancholia. While all the pleasurable emotions tend to excite functional activity, excessive emotional excitation causes temporary exhaustion, and if often indulged will be followed by irritation. When the emotions are under normal control, stimulation by suggestion will increase nutrition and aid irritated nerves and diseased bodily functions to return to a normal and healthy condition.

Suggestive therapeutics has received much favorable consideration in recent medical literature. Reciprocity should be the governing rule in suggestion. While the physician seeks to impress the inner consciousness of his patient, and thereby prepare the way for the most favorable drug action on the body, he should always open himself to the suggestion of his patient. The reading of the pulse, temperature and tongue, are the expressions of the nerves controlling these organs. His silent observation of bodily expression tells him much more; prolong this silence and open wide all avenues of receptive consciousness to suggestion from the patient's susceptibilities and environments, and he will sense rather than see, hear or smell, much more of the condition of the nervous state, especially the emotional feelings, than can be learned by all the common means, aided by the instruments used in diagnosis.

The physician's senses of observation to detect these finer nervous expressions of disease, are as capable of education as are the hands to manipulate a complex instrument in a difficult operation. Any look, act or word in a sick room may convey a suggestion to the mind of the patient which may affect his diseased body for better or for worse. The personality of one person may unconsciously strongly impress or affect another person so as to change his emotions, and thus influence body through mind. This unconscious influence of mind over body as well as of mind over mind is well understood. Friendships, business associates, and even the business houses we go into to trade, are

often selected because of their influence of mind over mind, unconsciously exerted, neither party recognizing it at the time.

Suggestion may vary in degree from this unconscious personal magnetism to full hypnotization, when both parties are aware that an effort is being made to control.

Every conscious effort of the physician conveys a suggestion. Every bottle of patent medicine bought carries hope. "Christian Science" and "Faith Cure" are suggestion followed by effort, and we are told "faith with works availeth much." Surely many cases of cure of functional nervous disease are credited to the faith of the patient and the suggestions of the healers.

The suggestion of the trained physician, followed by medical and surgical treatment, may be likened to an electrical current under the control of a competent engineer; while Christian Science and the similar fads without a knowledge of anatomy, physiology, pathology, and disease, may be compared to a loose trolley in the street. No one can doubt that both have power, but both are without control, and both a source of danger to the public. The electrician can restore the trolley to usefulness. But the want of a proper medical education leaves the Christian scientist without the accumulated knowledge in the healing art to aid him to co-ordinate the known forces in nature to effect a cure; he depends on faith alone.

No one would accept as true a telegram if written by a person without the scientific knowledge to read the sounds of the receiver, simply because he heard the click of the instrument and guessed at what it was saying. We believe this comparison is a fair one. Faith is a good thing for both the patient and physician to have, but is only one of nature's gifts.

The "Great Physician" we are told was allwise and must have known the exact condition of the sick, the lame and the blind he cured. The patient had faith while he had the power to heal. The knowledge of the modern "divine healer" differs so greatly from the "lowly Nazarine" that his position is left open to ridicule. His pretence to be able to cure all diseases with faith, and to oppose rather than to combine his efforts with those of the competent physician, is where harm is done by delay. If he should work in harmony with the doctor, his presence in the sick room could be made as welcome to the family physician as are the priest and pastor.

Harmony in thought is necessary when suggestion is to become a curative force in disease. The patient, physician, nurse, and family must be in accord so that the mental stimulation may be constant and prolonged. Sudden cures by suggestion are reported in hysterical cases; but when physical disease is to be reached through mental suggestion, time will be required.

Faith gives strength and courage, while fear and doubt beget weakness. Force of character can be estimated by the self confidence and judgment displayed; all these depend on the stability of the emotions.

Will power is the measure which shows the ability to co-ordinate the emotions, and the sum total of mental power depends on the strength of self control.

The nervous and emotional patient does not have self control ; disease renders them irritable and liable to shock from both mental and physical causes. If negative influences can be kept out, then proper suggestions from all sources will tend to sustain the nervous forces, and as peace of mind comes from within, anything that offers comfort will strengthen self control and will prove curative in disease.

ALLOPATHIC SPECIFIC MEDICATION.

By C. D. R. Kirk, M. D., Shuqualak, Miss.

DR. Andrew H. Smith, in Alkaloidal Clinic, has found a mare's nest—specific medication of the allopathic variety. All such discoveries remind us of the Irishman's fight with the hornets. He was induced to knock at their door, and the result can be imagined better than described, as Pat was very quickly put to flight ; but the next day some other kind of insect buzzed by Pat, who had a vivid recollection of the previous day's collision. He very promptly remarked, "O, faith in St. Patrick ! you have changed your dress, but I know your voice." That voice of the regulars—guess work—they never fail to sound.

Now they want to cure pneumonia, la grippe, and scarlet fever with as many single remedies. For the first disease salicylate of soda and creosote are specifics ; la grippe and scarlet fever are cured with large doses of carbolic acid. And this regardless of the many and varied pathological conditions in which the diseases are presented. But there is one fact in Dr. Smith's article that should not escape us, that there are pathological or diseased conditions in pneumonia for which salicylate of soda is indicated, as is also a like condition in la grippe and scarlet fever in which carbolic acid is a remedy, and it is certainly our duty to ascertain by investigations and observations under what group of symptoms these remedies are curative. I will suggest that all cases of pneumonia that are characterized with tongues of the white or pale order and pasty white coating and rheumatoïd kind of pains, will be benefited by giving salicylate of soda. Without this special kind of pains I would expect benefit from the exhibition of simple bicarbonate of soda. Cases of la grippe and scarlet fever that are associated with apoplexy, bluish condition of the tongue, will be relieved to a great extent by giving carbolic acid. I give it in drop doses repeated every one or two hours, mixed with gum actea—a thick emulsion.

It is the prevailing opinion among the regulars that in muriatic tincture of iron they have a specific for erysipelas, but experience has demonstrated that the iron is not in it, and the medicine is only curative in those cases in which hydrochloric acid is indicated, i. e., the

red tongue cases. Try this allopathic specific in cases characterized by broad white tongues, and the disease will be made worse.

The regulars have another most commendable specific; I refer to a R calling for about a dozen or more remedies—a perfect shot-gun—all combined and perhaps given in teaspoonful doses when any one of the fluid extracts composing the recipe could be given alone in teaspoonful doses without injury to the patient. How does this suit for specific medication?

R—Potassium iodide, 3iss; ammonium muriate, 3ij; syrup wild cherry, 3j; syrup squills, 3j; Syrup senega, 3ij. M. Sig. A teaspoonful every three hours when needed."

When mixed a gallon jug would not hold it, as the alkalies and acids began battle at once, but it was all right as it was prescribed by a Louisville professor.

CONGENITAL DISLOCATION OF THE FEMUR.

By Prof. L. E. Russell, M. D., Cincinnati.

THE cut which accompanies this article on congenital dislocation of the hip joint, represents fairly well the general appearance of a dislocated hip and the muscles that contract, causing the shortening of the limb, and the common deformity so characteristic of congenital dislocation. The method which I propose to describe is known as the bloodless operation in the restoration of congenital hip deformities, and has been developed within the last five or six years by the foremost orthopedic surgeons of Europe; namely, Professors Hoffa, of Berlin, Lorenz, of Vienna, and Pica, of Italy. On the Continent the operation is best known and described as the Hoffa-Lorenz bloodless method of dealing with hip deformities of crippled children.

The older methods of dealing with these lesions, if traced back from the different surgical works, were shown to be very defective, unsatisfactory and unscientific, and with a high mortality, especially when the operation consisted of cutting down on the hip joint, gouging out the acetabulum, cutting opposing muscles and replacing the bone and suturing the wound; not to say anything of the frequently bad results that followed the open or incised method in the shape of bony ankyloëis, or long suppurations, which often resulted in emaciation and the death of the patient.

Neither did the old theory of extension and counter-extension prove successful, which has passed down from one generation to another, and consisted in confining the little patient in bed with a heavy weight and pulleys attached to the dislocated limb, while the upper part of the body was resting on an inclined plane for the purpose of counter-extension; or confined in the harness with pulleys and weights so that for weeks and months opposing pulley forces were attempting to make extensions of muscles to prevent the shortening of the dislo-

cated leg, oftentimes the patient being confined to the cot or bed with extension and counter extension, or, if up and allowed to be about the room, extension and counter-extension was made by the use of a stilt and long splints, so that with each step there was a constant pulling.

All of these older theories and methods of dealing with congenital lesions have proven very unsatisfactory, not only to the surgeon but to the patient and friends as well. Therefore it would be natural that a new method which has been devised, practiced and accentuated by Professors Hoffa, Lorenz and others should meet with the approval of the medical profession, as the results are, as a rule, eminently satisfactory.

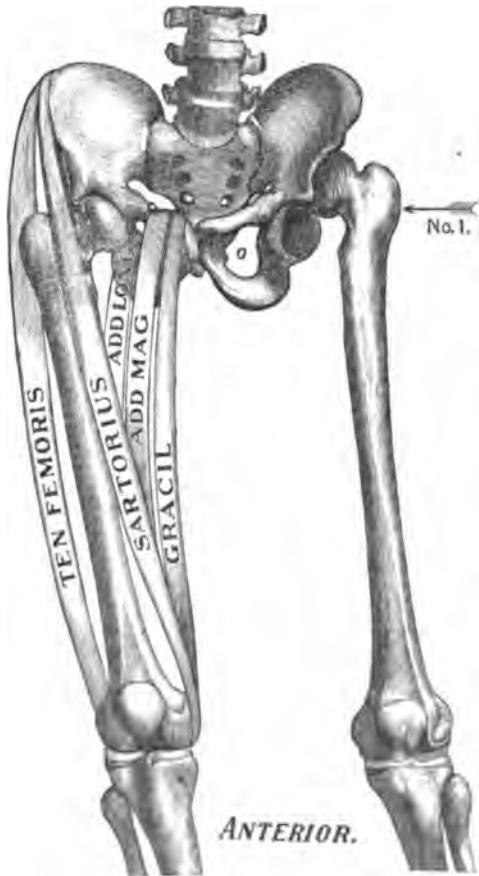
Perhaps I could do no better than describe Professor Hoffa's method of dealing with a congenital dislocated hip, as recently witnessed in his clinic at the American Circus, Berlin, Germany. The patients—ranging from one to twelve years of age—are placed profoundly under the influence of chloroform and laid supinely on their back, with the dislocated hip resting immediately over the corner of the table, the assistant immobilizing the pelvis by clasping his thumb across the wing of the pelvis on either side and with much weight and force, holding it firmly to the corner of the table. In some instances, a bandage is required, or an extra assistant to hold the pelvis while the operator is attempting the reduction of a dislocated femur.

The first movements are those of flexing the leg upon the thigh, the thigh upon the abdomen, and then, with a gentle rotation, over the abdomen down to complete extension of the leg with much force. Then the leg is carried outward at right angles to the body, and the opposing muscles, namely, the adductors, are massaged and pulled upon with much force as the leg remains extended at an oblique angle from the body. It is now made to complete the circle, carrying it again over the abdomen, then extending it, and with much pulling force downward, and then with an outward sweep of the femur again to a right angle of the body.

It is just at this time that the operator commences using the femur as a lever, raising and depressing it with much force over a sandbag, until the opposing muscles, from fatigue or laceration, yield to the will of the surgeon, who, with the left hand, manipulates over the greater trochanter, until the bone seems to jump forward with a thud, and is within the acetabulum, which position is made manifest by a little eminence immediately in front of the inner edge of the sartorius muscle and on a line transversely across the upper edge of the symphysis pubis, as indicated by the arrow and dotted lines in the accompanying cut. This description just given will always show an exact location of the head of the femur whenever it becomes necessary to inject the hip joint in tubercular affections.

Occasionally, in cases of long standing, the surgeon will find by this method that he will be obliged to resort to tenotomy to overcome the

rigidity of an opposing muscle, or he must use sufficient force to tear it; and occasionally the fascia of the tensor femoris will require some incisions, in the more stubborn cases. If, after a careful manipulation, the effort proves unsuccessful in the reduction, Professor Hoffa places the patient upon a specially-constructed table, with a curved iron brace fitting against the pubic arch, and a shoe attached to the shortened limb, and with a windlass and ratchet—not unlike, in its results, the windlass and ratchet of an open well—and the wire cable attached to the shoe encasing the crippled limb brings great extension, which is again aided by means of tenotomy. When the limb has



finally yielded so that the head of the femur rests in the acetabulum, the leg is carried to a right angle of the body and immobilized in a plaster bandage in such a position that there is a constant contact of the head of the femur in its new position in the acetabulum, where it remains in the plaster dressing for from three to nine months, at which time nature has established a normal ball and socket joint. If

at the expiration of this time it is found that nature has not completed its work, it is again confined as heretofore for a longer period.

Previous to the application of the plaster to immobilize the limb, a knit legging with waist, or tightly-fitting pair of knit drawers, is tightly drawn over the limb that is to be encased and around the body. The limb and pelvis are well protected with a pledge of cotton, or sheet wadding, resting in abundance over all the bony projections. This is held in place by the ordinary muslin bandage, and over all, the plaster-of-paris, or crinoline bandage with plaster in its meshes, is properly applied and allowed to harden or become partly hardened, when the operator, or his assistants, with the knife, shears, or saw, trim off the roughened edges, leaving, on an average, about four inches wide from the pubic arch up across the abdomen and around over the pelvis, and encases the deformed leg, completely immobilizing it at right angles to the body. Thus must the little patient remain in this condition while nature accomplishes, in its excavation of the acetabulum by means of the head of the femur resting tightly against this soft tissue, that part of the operation which was formerly done by the surgeon in the open method, by gouging out or excavating the artificial acetabulum.

Where there is a congenital dislocation of both legs, each one is treated as above described, and both are dressed at right angles to the body, while near either knee a stiffened splint is wrapped into the plaster dressing and acts as a brace, holding both legs outward at right angles to the body. In those cases, after the limbs have been put in position by the manipulation and stretching of the muscles, it will be found that the muscles in the posterior part of the leg near the knee are considerably contracted, and these are then stretched by the operator until all the muscles of the leg remain perfectly flaccid in whatever position the leg may be placed. This, then, properly prepares the limb for complete rest. Sometimes it becomes necessary for the operator to twist and bore the head of the femur into the acetabulum to accentuate its new position, producing irritation that at once causes the head of the femur, in its confined position, to continue its excavation until a good deep socket has been made and some of the osseous tissue thrown out around the acetabulum. The after treatment of these cases consists in carefully manipulating and passive motion, returning the limb gradually to its normal position, as the patient stands upright on both legs. It requires a great deal of judgment and care to complete the operation by massage and passive motion and maintain the same.

In our clinic at the Seton Hospital a little girl, six years of age, with dislocated hip, was placed profoundly under the influence of chloroform, and with the assistance of the internes the hip dislocation was properly reduced in less than five minutes, and afterwards the child was placed on the pelvic rest, and the limb carried at right angles of the body, immobilized in plaster dressing as above described.

The operation is so well described in the above, that any surgeon reading and carefully following out the directions, should be able to easily execute the operation without fear of failure.

Since witnessing the above-described clinics in Berlin, I have had the pleasure of witnessing Professor Lorenz in his Chicago demonstrations, and his is an exact duplicate of the Hoffa method.

TREATMENT OF PNEUMONIA.*

By R. L. Thomas, M. D., Cincinnati, O.

THAT Pneumonia is one of the most widespread and also one of the most fatal diseases incident to our country, few will deny. It finds its victims from the Lakes to the Gulf and from ocean to ocean. No class is exempt. The millionaire and the beggar, the statesman and the most illiterate tramp, share alike in its ravages. Truly pneumonia is no respecter of persons. It walks the highways of life too often a conqueror.

For centuries the medical profession has been looking for a David to slay this Goliath, but with the dawn of a new century the death rate shows a slight increase rather than a decrease. From the depleting treatment practiced on the "Father of our Country" to the ice cradle and serum treatment of to-day, there has been many plans devised, yet, to quote from Osler's late edition, "It is the most widespread and fatal of all acute diseases, for in the United States, during the census year 1900, there died of it 75,496, a death rate per 100,000 of population of 186.94." In Chicago during the past ten years it has gradually replaced consumption as the principal cause of death. In the last decade the death rate was 18.03 per 10,000 of population, against 12.36 per 10,000 in the previous decade, while in Massachusetts there has been a progressive increase in the death rate. Hospital statistics show the mortality ranges from 20 to 40 per cent. To one who has practiced the Eclectic system of medication this high death rate seems almost criminal, for if there is one disease more than another that has been shorn of its terrors by the kindly treatment of our school, it is pneumonia.

I do not expect to bring before you to-day a new treatment, but to remind you that our fathers were successful in tiding their pneumonia patients safely to recovery, and their children have continued in their footsteps. I will not undertake to name every remedy that may be used, but will point out a half dozen or more that stand out prominently, like a magnificent beacon in a light house, to guide the physician into a safe harbor.

It is hardly necessary to say to this body of medical men that the patient should be placed, when possible, in a large, airy, well venti-

lated room where the sun has free access; that the same careful hygiene of the sick room should be carried out as we would in any infectious disease. Of course the room will be kept sweet and clean and not too hot, about 68 or 70°; nor that the diet should be liquid and nourishing; nor that the patient should be allowed to drink freely of pure table water. It is the medication of which I wish to speak.

Veratrum: In the adult, the inflammation being sthenic in character, we usually find the pulse full, strong and bounding, showing excess of heart power. Here veratrum stands unexcelled. To obtain the best effects I use from thirty to sixty drops of veratrum in half a glass of water, with just enough morphine, about one-half grain, to counteract its nauseating effect. Of this I give a teaspoonful every two or three hours. As the system comes under the influence of the remedy we may lessen the dose or lengthen the interval. If the pulse be vibratile, the cough hard, and a sharp cutting pain in lung or pleura, bryonia will be either combined with the sedative or alternated with it. Of this agent ten drops to four ounces of water will be sufficient. In these two remedies we have a mighty host. One old practitioner told me some time ago that he was almost ashamed to tell it, but he did not remember of ever losing a case of pneumonia, and that these two remedies were his chief agents.

If the patient be a child or an elderly person, aconite will replace the veratrum. Of course asclepias will be used where the skin is dry, and there are pleuritic pains with a dry cough. It will also be found useful when there is marked effusion. Thirty drops in half a glass of water, a teaspoonful every hour. Ipecac in the early stage, where there is marked irritation, and especially in children, will not disappoint you. Lobelia, where there is an oppressed pulse, more or less dyspnoea, and in children where the tubes are choked with mucus, is a grand agent. In these half dozen remedies we have a working force that will cause the disease to recognize a master. When the evidence of sepsis appears, then we will have recourse to echafolta, baptisia, the mineral acids, the sulphites and chlorates, as the case may need.

As to local applications, every physician has his favorite. Some of the older physicians present who have fought a desperate case through successfully, and used the old mush jacket or hot poultice, will tell you there is nothing that can equal them, though others are equally positive that they only add to the burden the patient has to carry.

Flannels wrung out of hot water and applied every few minutes have their advocates, while the old larded cloth and emetic powder have hundreds, yea thousands, of ardent supporters. One of the latest claimants for recognition as a local remedy is antiphlogistine. This is to be spread upon a cloth and applied hot. But whatever local application may be used, the judicious use of the above mentioned remedies will succeed in reducing the mortality of 20 to 40 per cent. to from 1 to 5 per cent.

APOCYNUM CANNABINUM.*

By Lyman Watkins, M. D., Blanchester, Ohio.

APOCYNUM CANNABINUM has for many years been of good repute in the treatment of dropsy. But as dropsy is only a symptom, and may result from many pathological states, apocynum has sometimes failed to relieve, consequently causing much disappointment and even an entire loss of faith in the efficacy of the drug. However, that the remedy is curative, at times, in dropsy, is shown by the fact that it still maintains a place in the *materia medica* after a lapse of almost a hundred years, while many other drugs once generally used have passed into oblivion. Apocynum is useful in oedematous conditions of the body, and dissatisfaction and failure have arisen because the specific and exact abnormal perversions amenable to treatment by this remedy have been unknown or unappreciated.

Dropsy may be caused by various lesions of heart, kidney, liver, or blood and lymph vessels, and there is no single remedy that will cure every and all cases of watery exudation into cavities and tissues regardless of present or remote pathological bias. A drug should not be condemned for occasional failures, while on the other hand, applause from fervent but injudicious friends has doomed many worthy medicines to premature interment. The indications for apocynum in dropsy should be determined, and by them and them alone should the drug be judged.

Apocynum is not the remedy in structural lesions of the heart, kidneys, or vessels; it is not the remedy in cirrhosis or other hepatic affections attended by structural changes and dropsy; it is not the remedy in sthenia, full and bounding pulse, fever or inflammation. It should not be given with the expectation of relieving dropsy by its purgative action, although purgation may sometimes occur even though the dose be small.

The cases calling for apocynum are those in which there is feeble and irregular pulse, a weakness of the heart and a flabby and relaxed condition of the blood and lymphatic vessels, in short, when a general relaxation of the circulatory system retards absorption of surrounding lymph and permits exudation through the debilitated walls; there is no structural lesion, but rather vascular atonicity. With these indications well marked, apocynum becomes a remedy of real value. It does not matter in regard to the age, sex, or social status of the patient, nor does the region or part of the body affected have any special influence upon the action of the remedy. Hydrocephalus, hydropericardium, hydrothorax, ascites, anasarca, watery fullness of tissue anywhere as shown by puffiness and pitting on pressure, will be relieved by apocynum. In some cases the remedy acts so quickly and thoroughly that it has been termed "the vegetable trocar." In soft or

* Reprinted from *Transactions National Eclectic Medical Association*, June, 1902.

soggy conditions of womb, joints, or muscles, not really oedema but bordering upon this state, apocynum acts well, restoring tone and color and giving firmness and resiliency to the circulation. In drop-sy following malaria, typhoid and the acute contagia, apocynum will be found useful, providing, that in all cases the serum exudate is due to cardiac and vascular debility.

King's Dispensatory gives the following indications for apocynum : "Watery fullness of the cellular tissues, oedema, puffiness of eyelids and wrinkled lids as if the parts had recently been swollen, feet full and oedematous, pitting on pressure ; constipation with oedema, scanty urine, skin glistening, circulation sluggish, passive hemorrhages small in amount with great depression, menorrhagia, full and relaxed uterus." After all the above are but symptoms of almost any form of drop-sy and are not indications for the use of apocynum only in so far as they are the result of a weak heart and flabby blood vessels, which alone are the essential indications for this remedy.

The dose and method of administration of apocynum vary somewhat according to the individual preferences of the physician. The writer has used a fluid preparation and usually the specific medicine ; the dose is graduated according to circumstances : for children ten drops of the remedy is added to four ounces of water, and one teaspoonful of the mixture is given every four hours ; for the adult, one dram to four ounces of water is prepared, and given a teaspoonful every two, three or four hours as urgency demands. In severe and general drop-sy the patient is directed to take one drop of the specific medicine in a teaspoonful of water every three hours ; the size of the dose is then gradually increased one drop each day until ten drops are taken every three hours. This amount of the medicine may, and usually does, begin to cause considerable diarrhea and intestinal torments ; the dose should then be reduced to one drop, and if necessary gradually increased as before. In most cases the drop-sy will have disappeared after one such course of administration, although occasionally a second is required.

Some of my colleagues are sure they obtain the best results with a decoction made by boiling one ounce of the apocynum root in a pint of water ; the dose is a half a wineglassful three times a day. No doubt this is a very efficient method. I have never used the remedy in this way, but if the specific medicine failed, the decoction would be resorted to before abandoning the drug. As to the action of apocynum in solid or powdered extract or in pills, the results have not been markedly successful.

SETON HOSPITAL REPORTS.

PROF. L. E. RUSSELL, SURGEON.

CASE 27.—Mr. M., referred to the clinic by Dr. G. W. Smith, of Pennsboro, W. Va., who furnished a history of his patient dating back eighteen months ago, at which time the patient accidentally glanced the sharp bit of an ax into the knee joint at the inner side. Blood poisoning followed, and with it, spasmodic contractions of the muscles and distortion of the toes upon the foot, and the foot upon the lower part of the tibia and fibula, making the appearance of an exaggerated talipes equino-varus. The sweeping burning inflammatory condition which had obtained, fused and massed the skin, muscles, tendons and all tissues from the knee to ends of the toes to such an extent that it was impossible to loosen the skin from the fascia and muscle, except to dissect with the bistoury, and then with much uncertainty of following anatomical lines. The knee joint was completely immobilized by inflammatory exudates, and there seemed to be enough tissue to warrant the attempt of an amputation at the upper third of the tibia, but only after the manner of Teale's amputation, as a large active ulcer had destroyed much of the tissue to the middle of the tibia. The patient had been properly prepared by the administration of several hot baths, confinement in bed two or three days on light diet, and the bowels thoroughly washed out with sulphate of magnesium. Chloroform was administered and the patient brought into the arena. The limb was elevated for five minutes and the field of operation thoroughly rescrubbed with soft soap and hot water, rinsed and then freely moistened with alcohol followed by ether.

The foot and lower part of the leg were bandaged with carbolized towels so as to prevent discharges from the ulcerated tissue. Just at this time the rubber turniquette is placed two or three times tightly around the leg at the middle of the femur, constricting the limb and making all below perfectly anemic. The Esmarck rubber bandage has been abandoned in the bloodless amputation of limbs, as it is found that by the elevation of the limb as above described, and the placing of the rubber constrictor while the limb is still elevated, answers every purpose and does not invite disaster by the pressure of stagnant blood or pus, as was often the case by the application of the Esmarck rubber bandage. This point I wish to emphasize, as it gives the practitioner and student unlimited confidence to deal with the amputation of a limb when they realize that they can be complete masters of the hemorrhage by means of the small rubber tube; and if an artery should not make itself manifest after the limb is amputated, the rubber constrictor can be released until the throbbing of the artery shows its location, and can be subdued by the grasping of the haemostat.

It is my custom in these amputations to use a large-sized bistoury, which I thrust into the outer and inner lateral walls of the leg, commencing at the exact point where I expect to sever the bone. These lateral incisions extend downward to the lowest point where the transverse incision makes the anterior flap, and includes in the upper dissection of the anterior flap the fascia of the muscles and the anterior periosteum of the tibia. This flap is reflected back and the saw immediately severs the bone, after which the long Catlin knife enters between and behind the severed osseous structure, splitting the muscles so as to form a long posterior flap practically free from heavy muscular tissue. By this manner of amputation the arteries are not severed until the very incision of the complete amputation of the limb by the making of the posterior flap.

The arteries are now sought for and ligated, and hot cloths placed within the flaps and carefully pressed. The rubber constrictor is now removed speedily, as it has been proven that less hemorrhage follows by the sudden removal of the constrictor than by gradually releasing it. The flaps are now turned back, and other bleeders sought for, and, when all has been carefully secured with light silk ligatures, the hot towels are again placed against the end of the stump, and in either upper lateral angle the salvage edge of iodoform gauze strips protrude from the other side of the severed bone, out from the dressing, and are allowed to remain as drainage for two or three days, at which time they are pulled quickly from the dressing, not exposing the wound. In the completion of the operation, five or six approximation silkworm gut sutures fix the edges of the flaps *in situ*, and the edges of the flaps are then closed tightly by over and over saturating with silkworm gut. The dressings are applied and all reinforced by wide gauze bandages, and over all a plaster-of-paris cast to hold the dressings in place to prevent spasmodic contractions of the muscles interfering with it, or the movements of the patient in disturbing in the least the dressing.

An amputation as above described is so easy and simple, and the success so certainly assured, that any of our graduates can easily perform the same secundum artem.

CASE 28.—Miss S., 30 years of age, referred by Dr. J. M. Johnson, of Inez, Ky., with the following history: Weight of patient, 200 pounds; history of hystero-epilepsy since the beginning of menstrual life, and for the last few years severe attacks during each month, causing the patient to be unconscious, and falling without warning. She also complained of great loss of memory, and was willing to undergo any crucial test for relief.

After the proper preparation of the patient, a vaginal hysterectomy was performed, using the bistoury to make the anterior and posterior flaps necessary in the dissection of a vaginal hysterectomy. Large hemostatic clamps were placed on either uterine artery, and allowed

to remain for 36 hours. After the intrusion into Douglas cul-de-sac, tenacula hook forceps were thrust to the fundus of the uterus, and complete inversion brought the ovarian arteries into the field of operation, where they were secured with strong thongs of silk, and the uterus removed in ten or fifteen minutes, leaving the ovaries and tubes in place, when they were found to be normal. The wound from which the uterus had been removed was filled with iodoform gauze, and this drainage allowed to remain for three or four days. This patient made an uninterrupted recovery, able to leave her bed on the ninth day, and up to the time of her return home five weeks following the operation, never had a single symptom of the epileptic seizures.

CASE 29.—Mrs. M., of Westboro, presented a little boy a year old, with talipes equino varus, which was very easily corrected without the use of the knife or the severing of a single tendon, by the new bloodless method with the aid of a special wrench manufactured for me by Max Wocher & Son. The little patient was placed profoundly under the influence of an anesthetic, and the wrench applied to the foot, and by a system of massage and turning, the tendons were extended until the foot was worked into shape and supercorrected, in which condition it is held in plaster paris cast for several weeks, and in children of advanced age, they are allowed to walk immediately after the hardening of the plaster, and by so doing it helps to hasten the recovery,

CASE 30.—Mrs. N., referred by Dr. A. Shuey, of Prospect, O., complained of pelvic and abdominal pains and an extensive umbilical hernia. An elliptical incision was made from the umbilicus down to near the pubes, extending just through the skin as underneath dissected between the recti muscles, and extending in the adipose tissue were several coils of intestine. After the dissection of the elliptical tissue, the ring of the hernia was sought for, and the coils of intestine caused to break back into the abdominal cavity; after which the peritoneal sack which had contained the intestines was all dissected loose, and taken away, and the abdominal incision extended about four inches, so that with the retractors a careful survey could be made of the abdomen and pelvic cavity with the patient in the Trendellenburg position.

It was at once discovered that the patient possessed uterine bicornua, and that there was a fusion of the right tube and the appendix. This, together with the incarceration of the intestines in the anterior abdominal walls, seemed to be cause sufficient for the pains complained of. After completion of the toilet of the peritoneum, the wound was closed by the figure-8 silkworm-gut suture, and after these were all introduced, a prominent silver wire with over and over stitching completely closed the peritoneal incision. The sheaths of the recti muscles were brought forward and secured with pyoktanin catgut, as

was also the adipose tissue. The skin sutured intradermically with silk-worm gut, and over all the figure-8 sutures completely closed and obliterated the entire tissues of the abdominal incision. The patient's temperature did not reach 100, and she made a speedy recovery.

EYE, EAR, NOSE AND THROAT.

CONDUCTED BY KENT O. FOLTZ, M. D.

SARCOMA OF THE CHOROID.

J. B., age 15, city. This boy came to the office with the history of not being able to see well with the right eye. Examination revealed the fact that there was not even perception of light in this eye. Both oblique illumination and ophthalmoscopic examination revealed a glistening yellowish mass, which evidently extended from the temporal side of the eye inwards and forwards. The pupil was normal in size, and there was no disturbance of ocular movement. Tension was slightly increased. No history of pain or discomfort. First noticed that he could not see with this eye three days ago.

Diagnosis—Tumor, evidently sarcoma. Advised enucleation as soon as possible. April 21, 1902.

On the 25th the eye was removed under chloroform anesthesia. On opening the eye, a quantity of clear yellow serum escaped.

The boy made a good recovery.

Microscopic examination confirmed the diagnosis.

There is no known cause for these growths. One eye alone is affected as a rule; the left eye appears to be most frequently involved. As a rule the tumor is broad, and may be located in any part of the fundus.

The stages of growth are usually divided into four. In the first, there are no inflammatory phenomena, and tension may be either normal or subnormal. The disturbances of vision will depend upon the location of the growth. As a rule, this stage lasts from six months to a year.

The second or inflammatory stage shows inflammatory action, but it may be very slight. The tension is increased, and there may be pain in the superciliary region. A general involvement of the structures of the eye is frequent in the later stages.

The third stage follows the increased growth, in which the tunics of the eyeball are ruptured, and if the scleral rupture is not too far back, there will be seen a dark mass external to the eyeball.

The fourth or metastatic stage is where distant organs are affected, but metastasis may occur before rupture of the globe.

Phlyctenular Keratitis.

This disease is one that tries the patience of both the doctor and patient. The tendency to relapse is in some cases only too well marked, and as a result all parties are disgusted. The disease is most frequently seen among poorly nourished children, and the use of sweet-meats is ascribed as a cause in the majority of cases. I, however, have had a case recently that appears to violate all rules.

Miss K. S., ast. 18, weighs 175 pounds, well nourished, careful about diet, and cares nothing for sweets; abstains from fried foods, and with the exception of the usual female complaint, constipation, does not know what it is to be sick. History: Has had attacks of phlyctenular keratitis for four years. A little over a year ago she first came to me for treatment, and was soon over the attack.

In May of this year she again presented with an apparently slight attack in the left eye. Put her on treatment, and she seemed to get along all right, but the right eye commenced to show a small phlyctenule about the time the left eye was clear.

The disease has alternated ever since that time, until three weeks ago, when for some reason the eyes cleared, and so far have remained so. I pretty nearly exhausted the *materia medica*, both locally and internally, but no treatment appeared to have any influence on the case.

Hemorrhagic Inflammation of the Mucous Membranes.

This type of inflammation is seldom seen, but when it does occur it almost invariably attends the virulently infectious conditions, as anthrax, pyemia, septicemia, or diphtheria. It has also been known to follow the application of counter-irritants, and also the topical use of carbolic acid.

In hemorrhagic inflammation of the mucous membranes the process is rapid, and there is interstitial hemorrhage. As a result of the obstruction of the capillaries supplying the affected areas, there may be cozing of blood upon the epithelial surface.

When the area is small, gangrene may occur.

In hemorrhagic inflammation there is destruction of tissue with resulting cicatrization, but in simple purpuric interstitial hemorrhage, absorption occurs without destruction of the mucous membrane.

Suppuration and Pustular Inflammation of the Mucous Membrane.

This type may be seen at times during the course of septicemia, pyemia, chicken-pox, small-pox, or erysipelas of the mucous membrane, but seldom in other infectious diseases. In diphtheria, mixed infection may cause pus in the submucosa.

Infection of the submucosa may follow an abrasion or destruction of the epithelial surface. The accumulation of infected material in

the submucosa produces distension and pus formation. Suppurative tonsillitis is a familiar example of this condition.

Pus, being conceded as a product of connective tissue, forms in the submucosa, and escapes by rupturing the basement membrane by a gangrenous or ulcerative process. The gangrenous type of inflammation occurs when the poisonous material is disseminated by the lymphatics.

OTITIS MEDIA IN INFANCY AND CHILDHOOD.

The relationship of otology to general medicine is nowhere more important than in the diseases of infancy and childhood, and yet only recently has the fact of the ear being often a cause of systemic disturbance become fully recognized. A large proportion of children has at some period of their lives one or more attacks of acute otitis media, but up to the present time insufficient attention has been given both by parents and physicians to the serious nature of any aural involvement as shown by pain or discharge.

It is the object of this brief paper to suggest and emphasize that otitis media is often the cause of systemic disease, and not merely a rare complication adding little to the danger of a fatal issue. This question is one that is of interest to every family physician, for he is the person called upon to treat the infant who is supposedly ill from some general ailment, but who yet may have an incipient disease of the ear primarily responsible for the entire train of symptoms for which the physician was summoned. The writer does not wish to be understood as claiming that every acute infantile illness is aural in essential origin, or even that any great proportion of the common minor complaints of children need treatment of the ear. His proposition is merely that the ear is involved more often than is usually supposed in many systemic diseases, and that a considerable number of such diseases are probably in many instances caused by infection beginning as an otitis media, catarrhal or suppurative, and then spreading to contiguous tissue, or perhaps more frequently reaching the general system through the vascular and lymphatic vessels.

The ear in infancy can be easily affected without attracting attention to itself. An infant of a few months is much too young to indicate in any way the source of the pain, even if severe, from which it is suffering, although the presence of pain may be evident to the casual observer. In some instances the baby may be seen to roll its head from side to side, or perhaps even to put its hand up a few times to the side of its head. It will usually scream when attempting to nurse, since the act of swallowing causes pain. But in most cases the general symptoms, fever, restlessness, vomiting, etc., are so much more prominent than any local indications that a diagnosis of some constitutional ailment is the natural consequence. Even where involvement of the ear is apprehended, examination of the auditory canal of a

struggling infant is quite a task, and may not be satisfactory even when the physician has much skill and patience. It is extremely important to remember what to look for, as it is easy for the family physician and for the specialist also to overlook indications of middle ear disease where haste seems imperative. The physician who allows himself to be hurried may deceive himself into thinking he has seen a normal ear when he has caught only fleeting glimpses of the membrana tympani, and so may entirely fail to discover anything deeper than the healthy condition of the walls of the auditory canal. If examination is impossible without anaesthesia it is surely correct to give a few whiffs of chloroform rather than run the risk in doubtful cases of a fatal issue from cerebral complications. Of course where suppuration has become established with a perforated tympanum, the only chance of error is in disregarding the serious nature of the aural disease. Then again, some cases of acute otitis media in infants are really not accompanied with much pain, and objective symptoms in the canal, such as redness and bulging of the membrana tympani in its upper segment, may not be at all prominent. Probably in these cases the middle ear is drained through the wide and short infantile Eustachian tube so that pus and serum cannot collect within the tympanic cavity to cause redness, swelling and perforation. These cases are very obscure in diagnosis, unless some hint of the true condition can be gained from the naso-pharynx.

The roof of the middle ear is so very thin, often practically membranous, in infants that meningeal complications are frequent, and mastoid abscess is on the whole more common in infants than in adults, the opening into the mastoid antrum furnishing an adequate reason in its larger proportional size in infants. It is the belief of the writer that auto-intoxication from absorption of infective material in the middle ear probably occurs in a number of cases where other organs, lung, stomach, intestines, etc., are found diseased coincident with involvement of the middle ear. The exanthemata, diphtheria, scarlet fever, and measles are possibly often due primarily to such auto-intoxication. In scarlet fever the infection seems plain, as the characteristic eruption has been found in the naso-pharynx and Eustachian tube before its appearance on the body.

The practical deduction from what has been urged is that an examination of the ear should be the routine practice of the family physician in every case of acute infection in infancy where there is the least doubt of the primary origin of the disease, such examination being especially necessary in the exanthemata. The ear should be examined whether or not aural symptoms have been noted, as the most help may be discovered in cases where previous suspicion of the ear has occurred. This examination is the duty of the family physician, not the otologist, who is seldom or never called in during the incipiency of an infective process, when diagnosis is so important. The technic of examination of the auditory canal is so simple, re-

quiring merely a head mirror, aural specula, and good illumination, that but little experience is needed to render the general practitioner skillful and confident in diagnosis of these acute cases of aural involvement. With tact, gentleness, and patience the tympanum can usually be seen even in a fractious infant, and the normal appearance of the membrana tympani is so characteristic that any pathological alteration should be promptly recognized. If there is redness and bulging of the membrana tympani, or if perforation has already occurred, the case is plain, and involvement of the ear should be considered the important lesion to be treated both to remove the cause of the entire disease and to prevent dangerous complications in the cranial environment. Other cases may present but slight change in the appearance of the membrana tympani, but if there is any evidence of inflammatory action within the tympanic cavity, it should be considered indication for treatment of the ear, since absorption of infective material is possible with moderate aural lesion.

The author wishes to quote with approval the conclusions of Dr. T. H. Halstead, (*Med. News*, loc. cit.):

"1. Earache in children is generally caused by acute inflammation of the middle ear, suppurative or catarrhal.

"2. Infants and young children may have suppuration of the middle ear without giving satisfactory evidence of pain, or without rupture of the drum membrane.

"3. Purulent otitis media is nearly always present in acute infectious diseases of the gastro intestinal and respiratory tracts in young children, and probably stands in a causative relation to gastro-enteritis and broncho-pneumonia.

"4. The cause of death in many acute and chronic infectious diseases, in meningitis, and in the exanthemata, is the result of unrecognized and untreated abscess of the middle ear.—DR. W. M. CABHAIR, M. D., before the Westchester County *Med. Society*.

PERISCOPE.

A New Sign of Infantile Pneumonia.

Weill, of Lyons (*Rev. Mensuelle des Maladies de l'Enfance*) calls attention to a new sign which he has observed in pneumonia, and one that is nearly always present. This is a lack of expansion of the sub-clavicular region of the affected side. This sign, which has been watched for in all affections of the respiratory tract, has been encountered only in pneumonia. In pleurisy lack of expansion may be noted on the affected side, but it embraces the whole side, and is in direct connection with the seat of evolution. It may be confined to the base, or if the effusion is extensive, may involve the whole side. In pneumonia, on the contrary, the lack of expansion is confined to the sub-

clavicular region, even and especially when the pneumonia affects the base. It is an early sign which is observable from the first day, and often throughout the whole course of the disease.

This precocity constitutes the chief value of the sign, for it often happens that the physical signs are wanting up to the fifth, sixth, or seventh day in certain forms of the disease. It is well known that at the beginning pneumonia may simulate various affections, one of the most important of which is appendicitis. An instance in which Prof. Weill was enabled by this sign to make a correct diagnosis of pneumonia is a case which had been diagnosed as appendicitial. By the same means pneumonia occurring in meningitis, typhoid fever or influenza has been detected at once.

In practice this sign is easily elicited. It suffices to expose the chest while the patient is in the dorsal position, waiting until the agitation which accompanies the first moments of examination passes away, and the breathing becomes regular. The difference of expansion on the two sides may then be observed. This may be better appreciated by passing the hand alternately over the two apices, or a stylet may be used to emphasize the difference in expansion on the two sides.—*Am. Jour. Med. Sciences.*

A Case of Articular Rheumatism in an Infant 27 Days Old.

Paul J. Barcus (*Archives of Pediatrics*) reports a case of articular rheumatism in a new-born infant, the second child of healthy parents. At birth the baby weighed seven pounds; it was perfectly healthy and continued so, although artificially fed, until the twenty-seventh day of life, when the mother noticed that the left arm seemed paralyzed and was painful when moved. The physician was not called until the third day of the disease, when he found the groin temperature 99.5° , and the pulse 120. The left elbow was much swollen, and very sensitive. The child was taking nourishment well, and there was no gastro intestinal disturbance. On the following day the left wrist was also affected, and one day later the knee and ankle of the same side were involved, with increase of temperature to 102° , and in the pulse rate to 130. Subsequently the right knee and ankle became affected, followed in a few days by involvement of the right elbow, and later of the right wrist. The temperature never exceeded 102° , but after subsidence to normal on the nineteenth day the pulse remained somewhat high (150) for several weeks. Profuse acid perspiration was present early in the attack.

About a month later the right knee was again swollen, red and sensitive, but returned to normal in a week. The treatment consisted of salicylate and bicarbonate of sodium, a grain of each every three hours at first, and then less frequently. These doses were continued for some time after the first attack, and were resumed during the relapse. No digestive disturbance occurred. Two months after the

beginning of illness the infant was gaining slowly, and was entirely free from joint affection. The heart showed nothing abnormal on auscultation, but was beating at the rate of 125, with the apex slightly displaced.

The only suggestion of hereditary taint was an attack of what the doctor had called muscular rheumatism of the post-cervical muscles, which the mother experienced when five months pregnant. It lasted for one week, and was not accompanied by fever or joint involvement. No history of chorea or tonsillitis in either parent was elicited, and no pus focus or tendency to joint suppuration could be discovered in the infant. The striking features of the case pointed out by the author were the great tolerance of the stomach for the medicine and the remarkable regularity of all the symptoms that go to make up the classic picture of acute articular rheumatism.

[This case is peculiarly interesting, besides, as suggesting a strong confirmatory support to the theory of the infectious origin of rheumatic fever, in favor of which might be adduced the polyarticular character of the attack, and the well known susceptibility of the new-born to infectious processes, for which the umbilical wound offers a favorable port of entry. The absence of gastro-intestinal symptoms seems to exclude the possibility of a lactic-acid intoxication through the food. The possibility of maternal influences of a similar character are also to be eliminated, since the child was nourished artificially, presumably for some time before becoming ill.—ED.]—*Amer. Jour. Med. Sciences.*

W. N. M.

Gangrene of the Extremities After Scarlet Fever and Other Infectious Diseases.

Eichhorst (*Deutsche Arch. f. klin. Med.*) reports a case of gangrene of the left leg occurring during a very severe case of scarlet fever in a child aged four years. On the sixteenth day of the disease, during desquamation, the child complained of pain in both legs, with tenderness on pressure in the muscles. During the night and on the morning of the fourth day after this the lower half of the left leg and foot were found to be pale and cold. This gradually went on to gangrene, for which, after two weeks, amputation was performed, the child making a satisfactory recovery.

The popliteal artery was found to be clear above, but the lumen appeared narrow and the wall was somewhat thickened. About 1 c. m. above the point of division of the popliteal the vessel was entirely closed by a thrombus which extended about 1 c. m. down into the two branches. In microscopical sections it was shown that the thrombus started from a very small area of endarteritis. Just above and below this point the arterial walls were quite free from change. No bacteria were found in the vessel wall or in the thrombus. Gangrene of the extremities in scarlet fever is a very unusual complication. Eichhorst

has found but two similar cases in the literature. In one of these instances, that of Pearson and Littlewood, the scarlatinal process was extremely mild. In all three cases the thrombus occurred during the period of desquamation, though in one instance it was as early as the ninth day. The onset of the occlusion was sudden in all cases. In two the pain in the legs was complained of for a short time beforehand, while in one discoloration of the skin was the first striking change. Eichhorst points out, in an interesting manner, that the sudden occlusion of an artery is by no means an evidence of embolism. Not a single one of Eichhorn's cases of cerebral thrombosis has had other than a sudden onset, similar to that seen in embolism or hemorrhage. A sudden onset appears to be the rule, also, in thrombosis of the arteries in the extremities. The author reports a case of autochthonous thrombosis of the right axillary artery in influenza with apoplectiform onset.

Eichhorst has collected and tabulated 166 observations of arterial thrombosis in the extremities during acute infectious diseases; 42 of these occurred in typhus, 40 in typhoid fever, 19 in influenza, 14 during puerperium, and 10 in pneumonia. The commonest seat of the thrombosis was in the legs.

Under all circumstances, arterial thrombosis in the extremity is a very serious complication. Death occurred in 39 per cent of these cases. In many of these cases proper pathological investigations are wanting, but in 65 the thrombus in the artery was demonstrated. Satisfactory reports as to the condition of the heart are, however, wanting. In the majority of cases, however, the onset was not as acute as in the author's instance, and he is inclined to believe that in most instances the condition was secondary to an endarthritis rather than to embolism.—*American Journal of Medical Science.* w. n. m.

THE WORSTED TRUSS IN INGUINAL HERNIA.

The treatment of inguinal hernia in infants and young children presents quite a different problem from that in adults. A full-grown man has one of two methods open to him. He may submit to an operation and be cured, or he may wear a truss with a prospect—for the percentage of cures is small—of carrying it with him to the grave. His tissues have ceased to grow, and the only change in them is that incident to wear and repair. A truss, doubtless, will keep his hernia back, but to cure there must be something more than a lack of recurrence; namely, a narrowing of the inguinal canal and rings. To accomplish this, does it not seem that the ratio between wear and repair of these structures must be changed somewhat, and that a process of growth must be put in motion which at this period of life is somewhat out of time?

Now turn to the infant with an inguinal hernia. The same two forms of treatment are offered, an operative or a mechanical method.

The operation, as in the adult, is to radically cure. The truss treatment, however, offers to the infant a somewhat greater hope of cure than to the adult, because of the active growth of the baby. In him the tissues are normally building in excess of the wear and tear; hence the probability, provided the hernia can be kept reduced, is greater than the rings will close and a cure result.

The feeling in Boston is, I think, that a truss of worsted is as effective as a more elaborate one, and that if a cure is to result from truss treatment, it is as likely to follow the wearing of this form as that of any other. All the cases of hernia which I have been able to look up at the Infant's Hospital were given trial with the worsted truss, and in no case where this failed did any other succeed. The paper is therefore reduced to a consideration of the efficacy of the worsted truss.

The worsted truss has certain definite advantages over other forms of truss. It is very cheap, and when soiled can be changed. The soiled one can be washed, and is then ready for use again. A skein can be washed a number of times, I think, without injury. When it loses its elasticity, however, its usefulness is gone. The truss can be worn in the bath. It is less likely to irritate the skin than a spring truss.

Worsted is ordinarily sold in a skein made up of two laps. A lap, or half of a skein, is sufficient for a truss, and the other half can be kept in reserve to be used when the first is soiled. The method of application is as follows: The child is placed on his back, the half skein is placed under him and pulled far enough so that the end just reaches the internal ring. The other end is then passed through the loop of the first end and the hernia is reduced. The bunch of worsted made by the looping of one end through the other is adjusted carefully and firmly over the hernial opening, and the free end then passed under the leg and fastened by a bit of bandage to the part on the back. If the skein is so long that there is a mass of extra worsted in the back, where the perineal arm fastens to the horizontal part, a neater and more comfortable truss can be made by rewinding the worsted, making it the proper length. The truss should fit snugly, and should be worn at night as well as during the day. Whenever it is to be changed, the child should lie down. Occasionally the skin of the groin becomes chafed. This can be guarded against and prevented, I believe, in most of the cases by keeping the parts dry and by changing the worsted as often as it becomes soiled by urine or dejections. The success of the truss depends entirely upon the intelligence of the mother and the care with which she carries out her detailed instructions. She must have an ever-watchful eye on the truss, and readjust it as frequently as it becomes loose.

The length of time that a truss must be worn to cause a cure varies with the various writers. Kocher says that if during the first months of life the hernia can be kept back for a matter of weeks a cure is

brought about, and that if the child is over six months the truss must be worn from three to twelve months. Coley considers that the truss has not had a fair trial unless it has been worn one or two years. He prefers a spring truss, and considers that about two-thirds of the cases are cured by it.

A cure may be prevented, no matter what the treatment, conservative or radical, by the presence of a phimosis, which may cause so much straining that neither the truss nor the cicatrix will hold the rupture.

The contra-indications to the application of a truss are few. The presence of an undescended testicle in the canal is a contra-indication, for the pressure of a truss would probably be sufficient to prevent the subsequent descent of the testicle or injure it. The presence of a reducible hydrocele is considered by some to indicate the uselessness of applying a truss because of the persistence of a foetal condition—though it is conceivable to me that the processus vaginalis might gradually close if the hernia were kept back.

The frequency of inguinal hernia in children can be accounted for by the following observations taken from an article by Kocher on hernia: The processus vaginalis, which is the process of peritoneum reaching down from the abdominal cavity into the scrotum, in seventy new-born children, was not completely closed on both sides in thirty-four cases, on the right alone in fourteen and on the left in eight. In another series of one hundred children taken during the first three months of life, the process was found open thirty-seven times. In a third series composed of one hundred and eighty-eight children up to nine years of age, there was incomplete obliteration eleven times on both sides, sixteen on the right, fourteen on the left, and there was complete permeability eight times on both sides, five times on the right and five times on the left.

I have been able to trace seventeen cases of inguinal hernia occurring in the Out-Patient Department of the Infants' Hospital. Truss treatment cured six of these, and in eleven it proved unsatisfactory. In these eleven failures the truss was tried long enough to prove its inefficiency, and not till then was operation advised. The six cases which were cured had an average age forty-nine weeks, the individual ages varying from eight weeks to two and one-third years. A truss was worn from six months to two years and two months before it was discarded. The trusses were omitted two months, eight months, one year (two cases), two years, three years ago, and there has been no recurrence. The eleven cases where operation was advised after a trial of the truss averaged in age two years and seven weeks, the variations being from two months to seven years. By comparing the two sets, it will be noticed that the cures occurred in much younger children than the failures; of the cures only one was over two years, 16½ per cent., and of the failures five, or 45 per cent.

One case of recurrence was found. A girl of six years wore a truss for six months, and then discarded it two years ago. Now the hernia is reappearing.

No definite conclusions can be drawn from these cases, as they are far too few; yet the result of a study of them is at least suggestive. An inguinal hernia in a child of two years or under can probably be cured by a truss, even though at first it seems to hold the rupture only fairly well; whereas, in a child of over two years the prognosis as to cure from truss treatment is rather poor. If the truss controls the hernia, it should be worn from six to twelve months, according to the age of the child, the size of the hernia, etc., before it is discarded, for fear of recurrence.—J. C. HUBBARD, M. D., in *Annals of Surgery*.

W. N. M.

Difficulties of Laryngeal Intubation.

E. Eacat (*La Presse Medicale*) says that it is inconcievable that intubation may present mechanical difficulties almost insurmountable. There are certain difficulties which can be overcome by certain manœuvres. The author rejects certain theoretical views as to the difficulty in introducing the tube; one of these is extreme congenital narrowness of the larynx. He says it is scarcely possible that the larynx of a child of four years can be so narrow that it is impossible to pass a tube of a size sufficient for a nursing. Spasm is also rejected as a cause of difficulty in passing a tube, particularly when inspiration is chosen as the moment when the tube engaged in the larynx. There is a possibility that acute inflammatory œdema of the larynx may be sufficient to cause some difficulty in passing the tube, but it is scarcely possible that it should cause an absolute stenosis.

A false direction of the tube furnishes the vast majority of cases of difficulty in its introduction. By an improper direction the tube may impinge upon some portion of the larynx which prevents its further passage. In very *early* infancy it has been demonstrated that the posterior surface of the cricoid has a marked inclination from above downward and forward. This persists until about the third year, and if in this period an attempt is made to introduce the tube and the handle of the carrier is downward the tube may impinge upon the posterior surface of the cricoid and consequently not enter the glottis.

A second false direction is an engagement of the end of the tube in the space between the thyroid and the cricoid anterior to the vocal chords. This improper direction is overcome by direct pressure with the thumb on the space between the thyroid and cricoid cartilages in front, the larynx being steadied by the fingers of the left hand upon the side, while the carrier is held in the right hand directly in the middle line.

A third false direction consists of an engagement of the tube in the ventricle of the larynx. This difficulty is due to an inclination of the

tube, either to the left or the right of the middle line. In overcoming this the larynx is grasped between the thumb and index finger. This is to correct the lateral deviation of the larynx and bring the glottis in line with the tube.—*Colorado Medical Journal*.

Tetany in an Adult.

The statistics collected by Gowers and others show that tetany is more common in males than in females, is most frequent during the first two decades of life and is very rare after the fortieth year. The disease is relatively infrequent in America, but Griffith was able in 1894 to collect 72 cases in the United States. A case is now reported by E. A. Locke (Boston Med. and Surg. Jour., May 8, 1902) which is of especial interest because of the presence of polyuria and albuminuria during the attack. The patient first noticed occasional cramps in the hands and forearms, with sensations of tingling and numbness, but without malaise, headache, nausea or vomiting. One day severe cramps were felt in the hands, which were holding a hammer at the time and could not be released. The cramps then attacked the muscles of the loins and finally those of the legs and feet. The patient felt agonized, dazed and stupid; the affected muscles were hard, board-like and slightly tender. Various sets of muscles were involved either simultaneously or successively, each spasm lasting from a few seconds to ten minutes. Hot applications could be borne without pain, indicating a moderate degree of anesthesia. Applications of hot cloths and vigorous massage gave much relief after three-quarters of an hour. Second and third attacks occurred after intervals of three and four years respectively. During the attack the head was drawn to the left, fingers adducted, wrists flexed, forearms flexed and internally rotated, arms adducted and held firmly across the chest; thighs, legs and feet flexed, toes extended and abducted. There was tonic contraction of the muscles; no fibrillary twitching. Trouseau's sign (spasms induced by pressure on large nerve trunks) showed strikingly. All commonly-recognized causes were lacking, i. e., gastro-intestinal disturbances, removal of thyroid, pregnancy, acute fevers, toxic conditions, epilepsy. The patient was accustomed to hard, muscular work, suffered exposure to rapid changes of temperature, and was addicted to alcohol.—*Medical News*.

A Deopathic Christopathic Paranoiac Prayer.

Under the above caption the Alienist and Neurologist quotes from some publication of the "Christian Science Cult" the following prayer for a dyspeptic uttered by one of the leading lights of that peculiar order. Gastroenterologists may find in it some food for thought:

"Holy Reality! We believe in Thee, that Thou art everywhere present. We really believe it. Blessed Reality, we do not pretend to believe, think we believe, believe that we believe—we believe. Believing that Thou art in this patient's stomach, in every fiber, in every

cell, in every atom, that Thou art the sole, only Reality of that stomach. Heavenly, Holy Reality, we will try not to be such hypocrites and infidels as every day of our lives to affirm our faith in Thee and then immediately begin to tell how sick we are, forgetting that Thou art everything and that Thou art not sick, and therefore that nothing in this universe was ever sick, is now sick, or can be sick. Forgive us our sins in that we have this day talked about our backaches, that we have told our neighbors that our food hurts us, that we mentioned to a visitor that there was a lump in our stomach, that we have wasted our valuable time, which should have been spent in Thy service, in worrying for fear that our stomach would grow worse, in that we have disobeyed Thy blessed law in thinking that some kind of medicine would help us. We know, Father and Mother of us all, that there is no such thing as a really diseased stomach; that the disease is in the Carnal Mortal Mind given over to the World, the Flesh, and the Devil; that the mortal mind is a twist, a distortion, a false attitude, the Harmatia of Thought. Shining and Glorious Verity, we recognize the great and splendid fact that the moment we really believe the Truth, Disease ceases to trouble us; that the Truth is that there is no Disease in either real Body or Mind; that in the Mind what seems to be a disease is a false belief, a Parasite, a hateful excrescence, and that what happens in the Body is the Shadow of the lie in the Soul. Lord, help us to believe that all evil is utterly unreal; that it is silly to be sick, absurd to be ailing, wicked to be wailing, atheism and denial of God to say, 'I am sick.' Help us to stoutly affirm with our hand in Your hand, with our eyes fixed on Thee, that we have no dyspepsia, that we never had dyspepsia, that we will never have dyspepsia, that there is no such thing, that there never was any such thing, and that there never will be any such thing. Amen."

It is the general opinion that very young children should not be subjected to operation for inguinal hernia. Stiles, however, in American Medicine, says that infants stand the operation remarkably well, and it has been his practice to operate, although the child may be only a few months old, should there be any trouble in keeping up the hernia. Of his first 100 cases, the operation was performed in 14 under six months, in 9 between the sixth and twelfth month, in 56 during the second and third year, and in 21 during the third year. The anatomy of the parts concerned in hernia in children is such that the radical operation is not only simpler, but less likely to be followed by recurrence than in the adult. The essential step in the operation in the child is the isolation and removal of the patent funicular process, its neck being ligatured at the level of the internal ring. The canal in children is so short that the internal ring is almost opposite the external ring, and this enables the operator, by dragging down the isolated funicular process, to apply a ligature to the neck without material injury to the aponeurotic and muscular structures of the abdominal wall. Stiles does practically Bank's operation. The steps of the operation as he performs it are: (1) Exposure of the cord along with its covering and the pillars of the ring; (2) isolation, ligature, and excision of the funicular process; (3) closure of the ring; (4) suture of the wound.—*Am. Jour. Surgery and Gynecology.*

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ECLECTIC PERCEPTION.

Recurring evidence indicating the perception of the physicians of the Eclectic school, are constantly evidenced in the introduction and popularity of old time Eclectic medicines and methods by physicians of other schools. The only regret we have is that for decades prejudice and indifference has excluded many good physicians from sharing these great advantages in therapy and has likewise permitted the innocent sick to suffer by reason of this same prejudice.

Just now the profession at large is beginning to consider the filthiness of greasy cerates and ointments, and to devise methods to avoid and counteract the ill effects of rancid fat. And this reminds us that thirty years ago Professor King practiced this cleanly medication, and urged it in his lectures to his classes. The pharmacopeial methods to escape the evil of acrid greases were to use benzoin, benzoic acid, and such preservatives to retard the rancidity of grease. The method of Professor King was to use grease-free vehicles to carry medicinal agents. A favorite prescription with him for a liniment base was saturated solution of ammonium chloride, to which he added such medicinal preparations as tincture of opium, tincture of aconite, camphor, etc. This he said is penetrating, clean, effective, not distasteful in odor, and can be washed from the skin and garments by means of clean water. This writer has put up hundreds of such prescriptions for John King.

One of the favorite plasmas of Professor Scudder was free from fat or grease of any kind—a plasma but not a grease, to which medicaments could be added as necessity suggested.

Our Professor Bloyer for these many years has bitterly assailed liniments and greases as medicine carriers, and as this writer can testify, has used most positive language concerning the filth of both fat and grease. His views are not less positive now than formerly. Among Eclectic physicians clean plasma bases are in great demand, and they should be better known to others.

As has been said, the attention of others is now being drawn towards these clean compounds, and possibly this may be one of the good results of the microbe craze.

To sum up: John King thirty years ago advocated, both for their scientific value as penetrating agents and their sanitary cleanliness, grease-free liniments and plasmas. Professors Scudder, Bloyer, and others did the same. Now, after decades, we find these views accepted by the regular profession to whom the argument offered by these experienced practitioners did not formerly appeal. The fact is, King, Scudder, Bloyer, and their people fought the dirt and nastiness of grease on sanitary principles that were matters of fact based on disease study in clinical medicine. They antedated and ignored the mighty microbe. Let us not, however, fail to credit the microbe for its service in demanding a cleanly touch from those who saw no good in the works of these men, and could not tolerate their arguments, but who most deeply respect his honor, the mighty mite.

J. C. L.

HIGHER MEDICAL EDUCATION.

Intimate connection and close association for years with men concerned in rationally furthering the interests of the people and the position of the physician, has led me to carefully study the problems concerned in medical education. I take it that all who think and realize the necessity of thought in this direction, are confronted with the fact that the elevation of the status of medical education is desirable. I also take it that men who stand outside the whirl which moves some of the actors perceive that a cause has much to fear from both illogical rulings and fanaticism within and without. An unwise and indiscreet friend is more to be dreaded than an open antagonist. Unbridled enthusiasm in men involved in one side of a subject is easily reached by men who feel in their hearts that enthusiasm when it becomes fanaticism is not opposition.

But let that pass. The object is to courteously ask the advocates of improved medical education a direct question. What argument can be offered to lead to the opinion that four sessions of six months each are to be preferred to three sessions of eight months each? What rational reason can be given for requiring young men with a working life before them, a life of ambition and usefulness, to sacrifice one year of that opportunity to intermediate vacations? What advantage arises from an enforced six months vacation in each year? Is it necessary on account of either teacher or student, that men who wish to reach the goal for which they are striving should be held back for these enforced half year vacations? Is it because America wishes to follow Germany that this ruling is made by our medical boards? Is it because the teachers consider themselves overworked in case the sessions are made eight months successively? Is it because six months recreation is necessary to the student, or is it designed to give him a chance to work that time in summer schools or elsewhere?

This is a simple question, asked because this writer considers the four years course a wrong to the student and not compensated by any

benefit as yet apparent, either educationally or otherwise. He considers it an enforced sacrifice of one year in the professional field, and one year ~~waste~~ expense. Since the National Associations and medical boards have decreed that medical students must sacrifice four years of time in order to obtain two years schooling, this writer speaks as one of the minority—possibly he is a minority of one. Be this as it may, he feels justified in asking thus openly, earnestly, and honestly, a question that the rulings of the majority have not settled ethically, rationally, or consistently, as he has studied the subject.

J. U. L.

COMPOUND TINCTURE OF MYRRH.

This is the old "No. 6" of Dr. Wooster Beach, and has been in use constantly to a greater or less degree since his time. Though some of his ideas and many of the old eclectic compounds of which this is one, met with more or less derision, etc., from the old school, this combination, or one very much like it, has found a prominent place in the National Formulary, a standard work, under the name of "Tincture Capsici et Myrrae, or Hot Drops." From this fact we judge the compound to be one worthy of respect at least.

The dose of the compound tincture of myrrh and capsicum is from one half to one fluid drachm in syrup or sweetened water. Its virtues as a remedy are due to the direct stimulation of the capsicum, as well as to the particular and peculiar stimulating properties of myrrh. Of course the alcohol adds to the stimulation of both, and in our opinion the compound is without a superior as a direct stimulant and astringent. It is well to note that it may be contra-indicated by an active inflammation, while in a chronic inflammation, with the indications hereinafter to be named, it may prove a most valuable remedy.

The prominent indications for the use of the compound tincture of myrrh may be said to be pale, tumid, lax mucous membranes, with a hypersecreting or chronic mucous plexus; the tonsils are large and spongy, the gums are sore and soft, inclined to ulceration at their junction with the teeth. In women with disease of the reproductive organs, this same pallor and laxness, with hypersecretion of mucus, prevail, and there is besides weight, heaviness, and sense of dragging pain in the back and down the limbs. Enfeeblement is the watch-word, or the guide board in the prescription of the compound tincture of myrrh.

In chronic catarrh, whether it be of the respiratory or digestive tract, this remedy should not be overlooked. In many of the old dyspeptics that are so familiar to you, the mouth is bad, the teeth and breath are bad; if there is not nausea you would think there would be from the general looks. Usually there is more or less complaint of flatulence, belching, gastric distress, little or no appetite, excessive secretion of mucus, and of this you are certain, the trouble is catarrhal dyspepsia of an atonic type; then give this remedy, and the patient will be well.

pleased with the results. It stimulates digestion, increases pulse rate and bodily heat, and the work of the digestive tract from mouth to anus is done in better form and with greater satisfaction.

In those old cases of chronic laryngitis, bronchitis, etc., that have defied both the doctor and the devil for ages, you will find this remedy to be your friend and their saviour. Usually there is a hypersecretion of tough mucus, hard to raise, and the cough is exhausting, or it may have continued so long that the discharge is purulent or muco-purulent, nasty. Give the compound tincture of myrrh to that old asthmatic whose air passages are charged to suffocation with tough, stringy mucus, and who has not strength sufficient to cough it up, nor blood supply sufficient to tone up the gland sufficient to stop its secretion. This remedy is expectorant, tonic, stimulant—what more do you want?

Compound tincture of myrrh is a stimulating emmenagogue. It will restore suppressed menses, stop a leucorrhœa, relieve heaviness and weight in the back and limbs, and pelvis, and stop headaches which occur regularly in the back of the head and in the top of the head, where no other remedy will do it. But there must be present that atomic atonicity. Don't forget it.

Topically the remedy has been recommended as an application to sprains, bruises, fresh wounds, cuts, rheumatic affected joints, offensive ulcerated surfaces; to caries or necrotic bone troubles; to mouth and throat ulcerations; to spongy and bleeding gums, and to aphæ and gangrene. For some of these affections there may be better applications; at least we would hesitate in applying it to fresh cuts or wounds. To the others it would very likely prove germicide, stimulating, healing. But at the same time it should be given internally.

Some very special favorite combinations can be made when dispensing or prescribing this remedy. About nine out of ten of your old chronic dyspeptics will have an acid stomach, constipation, etc., and no remedy will do better in a very great many of these cases than a combination of compound tincture of myrrh and neutralizing cordial. It is an ideal combination. In woman's woes, combine it with Mother's Cordial or the compound syrup of *mitchella repens*. In chronic respiratory troubles we may give that favorite of Dr. Locke, viz.: R—Syr. *Prun. virg.* and syr. *senega*, aa. fʒij., comp. tinc. myrrh and capsicum fʒij. M. S. Teaspoonful every two to three hours.

If we want both stimulating and alterative effects, why not add it to that other old favorite, Scudder's alterate, comp. tinct. of *corydalis*, or, to the comp. syrup of *stillingia*. Or, to those who do not use to any extent these old compounds, but who do use gentian as a tonic and valerian as a nervine, and lobelia or *sanguinaria* as expectorants, we will say that no harm can come; but much good is likely to come from the addition of compound tincture of myrrh to these remedies.

We are writing up a few of the old remedies to which the success of earlier eclecticism was due for the good of both the younger and elder

Journal readers, and to refresh and bring back to life our own knowledge of them. We are positive that frequent is the time when, if we were to keep them in stock and dispense them to the *unusual* case that comes so frequently, the credit that would follow their dispensation would be ample indeed.

W. E. B.

DAMIANA.

Damiana was first introduced some years since as an aphrodisiac of remarkable efficiency, but failed to fulfill the expectations aroused by a flaming prospectus. This remedy as an instigator to dormant or failing virility proved to be a broken reed to eager patients and confiding physicians. It is our experience that damiana has no more effects than aqua pura in restoring "lost manhood." Some individuals never attain manhood until they have lost that prurient, consciousness, degrading, priapistic concept of womanhood and enter upon a higher plane of life. It would be a good thing if some of our patients had never found this particular kind of "manhood," judging from the sequelæ. In the early period of life, when passion is most imperious, self restraint less strenuously imposed, and the discipline which unfolds the deeper meanings of life less understood and appreciated, we may be justified in aiding the restoration of flagging sexual powers, temporarily depressed by thoughtless excess. But the old roue who has drained the fount is worthy of no help for further conquests. There is, in fact, no remedy that will fertilize this barred field, although money may flow as freely as water in hope and anticipation. While damiana is probably worthless as an aphrodisiac, we have found it of value in the delayed or suppressed menstruation of girls just budding into womanhood.

The first case was a pale, anemic, slender child of fourteen years; the menses had appeared once about eight months previous to the time of consultation. On account of anemia she was given tonic and ferruginous treatment under which she gradually improved in strength and flesh. She was kept steadily on this course for six months, still the menses did not, to the great concern of the mother, appear. She was then given sp. med. damiana 3*ii*, simple elixir 3*iv.*, sig. dose every four hours. In about two weeks the menstrual flow occurred; all medicine was then abandoned, but the patient did not menstruate for six weeks, when the damiana was again given, and in two weeks the flow appeared. In short, the menstrual flow did not appear at any time for a year unless the damiana was administered; it was then finally established.

Another case was that of a young lady, aged sixteen, who had never menstruated. She appeared to be in excellent health, however, and there was apparently no occasion for anxiety. Notwithstanding this, the mother was worried and almost hysterical about her daughter. To satisfy her, damiana 2 3 to 4 3 simple elixir, teaspoonful

every four hours, was prescribed. The results were gratifying, for a profuse menstruation appeared in a few days and regularly thereafter.

We have not found damiana of any virtue as an emmenagogue in other cases. Whatever virtues it may have in this direction seem to be limited to the amenorrhea of the very young, in which cases the remedy acts well, and also has a peculiar influence in causing enlargement of the breasts. Damiana may be rescued from the list of unused remedies by reason of its effects in amenorrhea, but its virtues as an aphrodisiac will never save it.

L. W.

WORTHY OF HIS HIRE.

In the long ago physicians were usually teachers or priests, and gave the benefit of their medical knowledge to whomsoever might desire, without money and without price; this they could afford to do, because they were supported by church or state. A good many people in this day seem to think that a physician derives his support in some intangible manner from some unknown source, and that therefore compensation is unnecessary. The carelessness and neglect of the doctor's bill is in part due to the unbusiness-like method of physicians, many of whom will undergo hardships and practice rigid economy and self denial merely through a reluctance to render a bill or ask a patron for his just dues. As a rule, this is a general fault among physicians, although there are a few "good collectors" among them. Once in a great while we find a physician who is ultra aggressive in collecting and who regards the dollar more than the welfare of the patient; he will have his money if at all possible to squeeze it out of the debtor. Extremes in collecting bills are not to be encouraged; it gives the practice of the physician a mercenary shade which is prone to lessen his popularity. However, this class of practitioners is rare in reputable circles and, as a rule, we find the doctor serving faithfully and long without hope of reward from many of his patrons. Extremes in collecting are not to be commended except perhaps in exceptional cases, still we believe that medical men are too lax in this matter, seeming to forget that charity should begin at home—that their business standing must be maintained and that their own families have a right to expect and demand certain benefits. We should be just before we attempt to be generous; many of those we indulge by patiently waiting for payment of bills are far more able to pay than we are to wait. How many times do we see such enjoying the comforts, pleasures and luxuries of life whose liquidation of our bills would render life less harsh for ourselves and families; but we observe and keep silent, we serve smilingly and faithfully when the wolf is growling in the woods.

A regular system of sending monthly statements to all debtors is perhaps the most methodical manner of doing business. It is much

better than spasmodic dunning or faltering requests for payment. The statements should be marked monthly and the course persisted in year after year; your patrons will so learn your method of doing business and will not take offense. If now and then one should resent the "dun," as he will call it, it will probably be one who never intended to pay, and the sooner you are rid of him the better; this plan, and we speak from the experience of years, results in the collection of more bills the year round than almost any other. Then some of those who never pay are monthly reminded of their indebtedness and will not call upon you for professional services, a very desirable state of affairs, because you save money by the loss of their patronage. If you render good service and have the confidence of the community, many persons who never pay anyone else will pay you when they understand that unless they do so they can not command your attendance. It frequently happens in our own practice that a bill of considerable amount and of long standing is paid because we were wanted in an emergency. Physicians themselves are mostly to blame for the poor collection of bills. They are under the impression that to ask for a bill will lose them a patient or family; while there may be isolated cases of this character, most right minded people have more respect for honest, straightforward business methods and for the physician as a man of business than they have for those who after a long time apologetically suggest a small partial payment of a bill, and who because of poor business qualifications are in debt, with many unsettled responsibilities and a family sparsely clothed and fed.

L. W.

CHLOROFORM.

Pediculus capititis, or the common head louse, is at all times an unpleasant companion, and the remedies used for its extermination are sometimes as unpleasant. Mercurial ointment is unsightly and malodorous. Decoction of coccus is not always sure death to the insect, and may affect the person to whose head it is applied. Coal oil, while quite effective, carries with it its distinctive odor. Quassia has little or no effect. In handling a recent case of pediculosis the above remedies (excepting the mercurial ointment, which was not used) all failed to produce results. I then procured some of the insects for experimentation. Placing one in a small dish, I poured over it about a 2 per cent. aqueous solution of formaldehyde; beside a little uneasiness, the insect retained its full vigor. The same louse was then taken out and placed in wood alcohol, which had no effect upon it. I next prepared a weak aqueous solution of corrosive sublimate, kept the insect immersed for a minute, and upon removing it it walked around as well as ever. I next prepared a solution of chloroform water and poured a half-dozen drops over the louse, when it instantly expired. Removing it quickly from the solution, I placed it in a dry tin box to see if it were surely dead, or only narcotized, but it never again

showed signs of life. Satisfied, after several trials with it, that I had the desired insecticide, I next tried the chloroform water upon my own scalp to determine whether it would produce any discomfort. No smarting or other unpleasant feeling (except intense coolness) was experienced. I then used it upon the head of the child from whom the louse was obtained. A heavy head of hair prevented complete success, but wherever it could reach the insect in sufficient amounts death was instantaneons. Had the hair been cropped, there is no doubt but that one application would have killed every louse on the head.

I intend, when more lice can be obtained, to try the effect of the vapor of chloroform on them. If this proves as successful, a rubber or cloth cap, with a tight-fitting band and full, loose crown, may be placed upon the head, having first placed within the cap a sponge or gauze well saturated with chloroform.

Used in this way, by the doctor himself, chloroform has no poisonous effects, and, being so very volatile, its odor is quickly dissipated. Barring the removal of a little oil from the hair, it has no bad effect upon the latter. It is safer than murcurials, cocculus, staphysagria, salicylic acid, or veratrum album, and has the advantage of acting instantaneously upon the insect.

H. W. F.

SURGICAL MISCELLANY.

In uterine prolapsus we have a definite hernia of the pelvic floor in which the displaced uterine cervix oftentimes protrudes beyond the introitus of the vagina. In these aggravated cases it is well to think of a high amputation of the uterine cervix, especially if the parts have become greatly congested and marked endo-cervicitis endured for a long period. The treatment of these hernias on the pelvic floor must consist in suspension of the uterine fundus by ventral fixation—and by this method I mean any of the well-known means of attaching the uterine fundus to the abdominal parietal wall.

I have been thinking so some time, and I shall put it to a crucial test, that if, after the abdomen is opened, two lateral incisions are made and the uterus be suspended from either uterine cornua, or from the round ligaments, dissected and brought up into either incision in the anterior parietal wall, we shall by this means induce as near a normal replacement of the pelvic viscera as by any method which has thus far been devised.

I am not unmindful of the fact that Alexander's method has many advocates; but oftentimes the round ligament is much atrophied, and after its attachment according to Alexander's plan, it again soon relaxes, and the original defect—viz, hernia of the pelvic floor, with prolapsus of the uterus—again obtains. I think possibly where there is a great sub involution of the uterus, a vaginal hysterectomy, with a suturing of either tube, and round ligament into the fornices of the utero-vaginal tissue dissected, would give the very best results for this lesion, and possibly with as little danger to life.

UMBILICAL ABSCESS.—Recently at Pandora, O., I assisted Dr. E. A. Ballmer in the complete excision of the umbilicus of a young lady about eighteen years of age. On account of a continual fetid discharge the integument around the umbilicus was so much excoriated, and there had been a grammous fluid with some bloody discharge, which was at times very offensive, and this had continued for several years.

A probe could be passed downward into a fistulous track some three or four inches, and also upward following a fistulous track to the extent of three inches. It was decided to make an elliptical incision three and a half inches in length including the umbilicus and both fistulous tracks, and that all should be removed. During the excision of the invaded umbilicus, it was found that two fistulous tracks, one extending upward and one downward, reached to the tissues of the inner ring. Therefore, in the completion of the operation, it became necessary to enter the abdominal cavity, taking out in the elliptical incision the central portion of the mesogastrum. The wound was then closed with figure 8 silkworm-gut sutures, but prior to the ligating of tissues, the separate tissues were sutured with pyoaktannin catgut.

The patient made an uneventful recovery.

COURT DECISION.—In the case of Johnson vs. Lawrence Hospital, Franklin County, O., Common Pleas Court, the Judge held as follows: There can be no liability for damage against a hospital, incorporated or organized, or conducted for purely charitable purposes, having no capital stock and declaring no dividends, and having no income except that derived from voluntary contributions and from the renting of a few rooms to pay patients, who are able to pay some reasonable compensation for treatment and nursing, especially when due care has been exercised and caution in the selection of its physicians and surgeons.

This has also been the law of several states, and has stood the test of the Supreme Court decision. It is based upon good legal findings, garnished with simon-pure common sense.

L. E. R.

PROFESSOR RUDOLF VIRCHOW.—Rudolf Virchow, professor of pathological anatomy in the University of Berlin, died at his home, in Berlin, on September fifth. The March number of the Eclectic Medical Journal contained an account of an injury which the Professor received in alighting from a tram car on January third, in which he suffered a fracture of the neck of the femur. The writer was told, during his visit in Berlin, in May, that it was thought Professor Virchow would eventually make a perfect recovery. But a long confinement, and the great age of nearly eighty years was too much for this famous grand teacher of pathological anatomy.

He had attained the zenith of his glory, and had met all criticisms and was more than conqueror in his theories of cellular pathology. Commencing his work as he did, when there was much conflict and

dogmatism and false hypothesis in regard to the causes of diseases, he pursued a brilliant career and established a pathological physiology as a result of constant investigations and laborious usage. "Omnis cellula e cellula" was his dictum, and from this declaration, he went forth to conquer that every cell arises from a pre-existing cell, and that pathological cell formation arises from a division of normal cells.

Replying to the strictures of an opponent, Professor Virchow said: "The begetting of a new cell from a previous cell supplements the reproduction of one individual from another, of the child from the mother. The law of the continuity of animal development is therefore identical with the law of heredity, and this I now was able to apply to the whole field of pathological new formation. I blocked forever the last loophole of the opponents to the doctrine of specific pathological cell by showing that even diseased life produces no cells from which types and ancestors were not forthcoming in normal life."

Journal readers, you are cordially invited to join a party upon a tour to Europe, under the personal care of Dr. Frank Kraft (editor of *The American Physician*), 57 Bell avenue, Cleveland.

Dr. Kraft's party sails from New York for Naples first week in July, 1903, visiting Naples, Pompeii, Vesuvius, Rome, Pisa, Florence, Bologna, Venice, Milan, Genoa, the Lake of Como, St. Gotthard tunnel (under the Alps), climbing the Rigi-Kulm, Zurich, Lucerne, Schaffhausen, the Falls of the Rhine, through the Black Forest to Strassburg, Heidelberg, Mayence, an entire day on the Rhine to Cologne, Amsterdam, Rotterdam, Antwerp, Brussels, Paris, Versailles, St. Cloud, Fontainebleau, London and environs, Shakespeare district, coaching tour to Warwick and Kenilworth, Dublin, Liverpool, New York (Quebec or Montreal).

Time, sixty days, more or less. Price per person, \$510-\$550. This means three meals daily, in bed every night, no travel on Sunday, first cabin on ocean, railway tickets in Europe, tickets on channel, rivers and lakes, care of baggage, and drives in larger cities.

We know Dr. Kraft personally and are glad to say that if you or your friends—ladies alone, or otherwise—want to make such a trip, here is an opportunity that will not arise everyday or every season. Everybody needs a rest from business, and travel not only brings rest to the tired business brain (while it may weary the legs a bit), but it brings satisfaction, knowledge—a living knowledge that can not be obtained from books. Rest and go—go with Dr. Kraft. W. E. B.



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VOL. VIII.

DECEMBER, 1902.

No. 12.

BOOK NOTICES.

Lea's Series of Medical Epitomes. A Manual of Genito-Urinary and Venereal Diseases for the use of Students and Practitioners. By Louis E. Schmidt, M. D. 12mo, 250 pages, with 21 illustrations. Cloth \$1.00. Lea Brothers & Co., Philadelphia.

This is the first volume of a series of medical epitomes, and furnishes an excellent example of what a useful epitome should be. As a post-graduate review or with an idea of bringing one's knowledge up to date, the value of epitomization will not be disputed. In fact, when rightly done, an epitome furnishes a convenient help to a mastery of the essentials of a subject and a basis upon which details may be more readily built.

This work is both brief and comprehensive, a compendium. It is clearly written. It is modern in theory and practice. It is of sufficient detail. Syphilis and chancreoid are discussed in the first part of the book. Other diseases are described under genito-urinary heading. Diagnosis is made especially clear. Each chapter is followed by a series of questions for query or self-examination convenience. We like the work very much and commend it to all Journal readers in quest of their money's worth in this line. It is especially worthy and a good introduction to the series.

W. E. B.

The new volume of "The HESPERIAN TREE: an Annual of the Ohio Valley, 1903," edited by Mr. John James Piatt, has quite a number of the medical profession among its literary contributors, including Dr. Charles A. L. Reed (President of the American Medical Association), who is represented with a story entitled "A Bed String;" Prof. John Uri Lloyd, with "Prehistoric American Pharmacy;" Dr. W. C. Cooper with two or three pleasant epigrams, and Dr. J. C. Culbertson with "Some Forethoughts of Christmas by a Physician." Rev. Dr.

Levi Gilbert, editor of *The Western Christian Advocate*, contributes a fine sonnet entitled "A Doctor of the Old School," which all of the medical profession will appreciate. This new volume of "*The Hesperian Tree*" will appear in a few days.

DISEASES OF INFANCY AND CHILDHOOD. By Henry Koplick, M. D. 169 engravings, 30 plates in color and monochrome. Cloth \$5.00. Lea Brothers & Co., Philadelphia.

As a record of Dr. Koplick's personal views on pediatrics the book is of special interest, as it represents the opinions and practice of one of the most prominent practitioners of New York in the treatment of diseases of children.

The first two chapters are of unusual merit and devoted to the examination of infants, the method of administering drugs, the selection of the proper food, the use of enemas, gavage, etc. The description of diseased conditions is excellent, though the treatment is most disappointing. For example, in typhoid, he advises for the delirium the bromides in large doses, or for older children morphia. In pneumonia, whisky and strychnine as stimulants, hydrarg. cum creta in 5-grain doses for the bowels, and codeia and paregoric for the pain and cough. In dysentery he begins the treatment with castor oil as an evacuant, and follows if pain be severe with Dovers powder, grains one-half to two every two hours.

R. L. T.

A POCKET TEXT BOOK OF DERMATOLOGY. By Joseph Grindon, M. D. 12mo, 367 pages, with 39 illustrations. Lea's Series of Pocket Text-Books. Edited by Bern B. Gallaudet, M. D. Cloth \$2.00, net. Lea Brothers & Co., publishers, Philadelphia.

This is one of the clearest, most compact and most practical little works on skin diseases that is offered to the profession. A good work for the student and at the same time comprehensive enough for the practitioner. The style is forcible and pleasing.

R. L. T.

GENERAL MEDICINE. By F. Billings, M. D., and J. H. Salisbury, M. D. Year Book Publishing Co., Chicago.

This is the first volume of a series of ten on the year's progress in medicine and surgery. The editors have carefully gleaned from the first writers of the medical world, and consequently the latest information in medicine will be found in this little work. Although the treatment of diseased conditions is not very satisfactory, the work contains the latest thought on diseased conditions. It is quite complete in the ground covered, is of convenient size and well indexed. Price singly, \$1.50; the set of 10, \$7.50.

R. L. T.

A MAGAZINE THIRTY YEARS OLD. The Christmas (December) Number of "*The Delineator*," is also the Thirtieth Anniversary Number.

To do justice to this number, which for beauty and utility touches the highest mark, it would be necessary to print the entire list of contents. It is sufficient to state that in it the best modern writers and artists are generously represented. The book contains over 250 pages,

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EDITORIAL FROM B. M. JOURNAL

with 34 full-page illustrations, of which 20 are in two or more colors. The magnitude of this December number, for which 728 tons of paper and six tons of ink have been used, may be understood from the fact that 91 presses running 14 hours a day have been required to print it; the binding alone of the edition of 915,000 copies representing over 20,000,000 sections which had to be gathered individually by hand.

TUBERCULOSIS, OR CONSUMPTION. By H. H. Spiers, M.D., Ravenna, O. Third edition enlarged. Price \$2.00.

This is a very interesting treatise on the subject of pulmonary tuberculosis. The author asserts that the bacillus tuberculosis is a result not a cause of the disease. He affirms that consumption is due to the suspension or abeyance of atmospheric influence either from within or without; from without through impure or impoverished atmosphere; from within through defective lung tissue, original or acquired. Whether we agree with the premises of the writer or not, the work will be found intensely interesting and enlightening upon the many phases of this "Great White Scourge."

L. W.

TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION, Vol. 30. 8 vo., 458 pages. Edited by F. Ellingwood, M. D., Secretary. Published by the Association, Chicago.

We are in receipt of the National transactions for the year ending June 10, 1902, which includes proceedings of the thirty-second annual meeting held at Milwaukee, together with the addresses, papers, reports and essays. Mechanically this volume is very good, and editorially we are glad to note that Dr. Ellingwood has assumed editorial responsibility of properly shaping up several of the articles and shortening them somewhat and making them more readable. Frequently a paper will read very well before the Association when the author can use some of the arts of elocution and interpolate additional matter outside of the paper. Such articles frequently need considerable revision before they appear well in print, and this is no reflection on the paper. The editor has added comments which followed the reading of each paper, which gives them more prominence than placing them in the minutes.

THE PHYSICIAN'S VISITING LIST FOR 1903. P. Blakiston & Co., Philadelphia. Price, \$1.00.

This visiting list is small enough to carry conveniently in the pocket, yet large enough to record 27 patients daily. In addition we find a calendar for 1903-'4, table of signs, incompatibility, poisoning, the metric or French decimal system of weights and measures, table for converting apothecaries' weights and measures into grains, dose table, asphyxia and apnoea, comparison of thermometers, a table for calculating the period of utero-gestation; also record for obstetric and vaccination engagements, and also a birth record. An ideal visiting list.

R. L. T.

THE MEDICAL NEWS VISITING LIST FOR 1903. Weekly, Monthly or Perpetual. 32 pages of data and 160 pages of blanks. Wallet-shaped book, with pocket, pencil and rubber. Seal grain leather, \$1.25. Lea Bros. & Co., Philadelphia.

Those who use a visiting list will find this work well adapted for the purpose. It is arranged so that accounts kept in it will be held as legal by the courts. Besides spaces for the daily business and office calls, blank pages are arranged to classify and record memoranda and engagements of every kind, medical, surgical or obstetrical. This Visiting List contains, in addition, table of diseases, approved remedies, doses, urological tests, directions for artificial respiration, incompatibles, poisons and antidotes, diagnostic points in eruptive fevers, and an emergency full-page plate for arterial ligation. L. W.

THE ESSENTIALS OF MODERN MATERIA-MEDICA AND THERAPEUTICS. By Dr. J. W. Fyfe, soon to be issued by The Scudder Bros. Co.

This work will contain a complete formulary, by Prof. Boskowitz, the well-known and popular eclectic leader of New York. While this book is written from an eclectic point of view, it will contain the essentials of all schools of medicine.

COLLEGE AND SOCIETY NOTICES.

ECLECTIC MEDICAL INSTITUTE FOOT-BALL TEAM.

The team was organized during the latter part of October, 1901. Being the first team to represent the Eclectic Medical Institute in athletics, a mass-meeting of students was held, and it was decided to organize and support the team. R. C. Hunter was chosen manager and Frank McLaren captain. Although the team started late in the season, four games were played, only two of which resulted in defeat, one defeat being at the hands of the strong Avondale club, recognized champions of Cincinnati. The team finished the season with forty dollars in its treasury and enough suits to equip two teams. Prospects for an excellent team seemed bright for 1902. One player was lost by graduation. Our hopes were not in vain, for the team of 1902 won every game in which it participated, finishing the season by defeating our rival in medicine, the Miami Medical Team. We shall lose this year by graduation Freidline, Grimes, Meek, Seely, Austin and Beaman. Two of these men deserve special mention from the fact that they have taken part in every game during the two years since the team was organized, Austin and Grimes.

Next year's team should be one of the best in Cincinnati, since we still retain such men as the Van Horns, Wilson, Krohu, McLaughlin, Rinehart, McLaren, Gamble, Elliot, Keifer, Otto, Coe and Reely; besides, many new men will, no doubt, enter, in order to play in a team with a record like this.

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The team of 1902 had as manager W. C. Wagner, and as captain Frank McLaren. At the close of the season there will still be some money in the treasury. The team scored 36 points to her opponents 11 points. The following players took part in every game: Meek, Beaman, B. Van Horn, A. Van Horn, Wilson, Austin, Freidline, Grimes and McLaren.

Several friends of the team will give them a dinner, December 2d, at the Hotel Sterling.

The nineteenth annual session of the Texas Eclectic Medical Association was held in San Antonio, October 21 to 23. An unusually interesting meeting was held, with a very large attendance. On Tuesday evening Dr. G. W. Johnson, ex-president of the National, and his wife, Mrs. Johnson, gave a reception to the members and their friends. The meeting closed with the election of the following officers: President, D. W. Holmes, Bellevue; first Vice-President, Dr. Jason Tyson, Santa Anna; second Vice President, Dr. W. E. Bridge, Sober; Secretary, Dr. C. D. Hudson, Waco; Treasurer, Dr. M. E. Daniel, Honey Grove; Corresponding Secretaries, Drs. J. A. Lanius, Bonham; B. E. Duvall, McGregor, and W. M. Tucker, Flatonia.

We are in receipt of the proceedings and papers of the Kansas Eclectic Medical Association, covering the thirty-second annual session held at Topeka, May 6 and 7, 1902, E. B. Packer, M. D., Editor. This annual publication is paper bound, 88 pages and contains a number of very interesting papers and discussions, and includes constitution and by-laws, minutes of the association and roster of members.

We are pleased to announce that Dr. E. R. Harvey, Eclectic Medical Institute, 1901, successfully passed the new California Medical Board in July with a good average. Out of forty applicants at this examination, seventeen failed, so that Dr. Harvey is to be congratulated upon being among the lucky twenty-three. Incidentally this shows that the Eclectic Medical Institute can teach well-qualified students so that they are uniformly successful in passing the various State Boards.

PERSONALS.

Married, at Bloomfield, Conn., Dr. Royal E. S. Hayes, New York Eclectic Medical College, '98, to Miss Miriam M. Phillips, on November 12, 1902.

Died, at West Salem, Ill., October 23, 1902, Dr. Elisha Jenner, aged 63 years. Dr. Jenner graduated from the Eclectic Medical Institute in 1877, and had practiced at his present location for a number of years.

Married, November 6, at Ft. Wayne, Dr. W. O. Smith, Eclectic Medical Institute, '01, and Miss Leah Shuler.

Location: Good location at Amity, Mo. Practice worth \$2,500 per year. For further particulars address, with stamp, Dr. J. A. Mitchell, Mayeville, Mo.

Wanted: An energetic young Eclectic to locate in Shelbyville, Tenn. For particulars address, with stamp, J. E. Shoffner, care of Shoffner Grocery Co., Shelbeyville, Tenn.

Wanted: A young eclectic who wishes to practice a specialty to take my practice and rent my office. For further particulars address Dr. O. D. Paine, 32 West Wood street, Youngstown, [Ohio.

Location: Good location in the West for young Eclectic physician. Can make \$2,500 per year. Address, with stamp, W. H. McCutcheon, Druggist, Luther, Okla.

Location for physician in Southeastern Kansas. For particulars address, Dr. L. W. Clark, Carterville, Mo.

Good country location for young eclectic at Adams, Ind. For particulars address, with stamp, Stella D. Pagel, Adams, Ind.

Location: Good location for Southern eclectic in a good country town. Fair practice can be obtained from the start. For particulars address, with stamp, F. L. Reynolds, M. D., Craters, N. C.

Dr. W. R. Scott, E. M. I. '99, is located at Gillette, Wyoming, and is doing nicely. He writes that he has been appointed U. S. Pension Surgeon and also medical examiner for the N. Y. Mutual Life Insurance Company and the Prudential of N. J.

Dr. P. Cleverdon, Eclectic Medical Institute, has been located for the past two years at Albuquerque, New Mexico. He is now in the office with Dr. George M. Easterday. We are glad to note that he is doing well. Dr. John Tascher, formerly of Chicago, who is now a member of the Territorial Board of Health, is also located in the same state.

Dr. E. B. Crowell, Eclectic Medical Institute, '95, who was formerly located at Greensburg, Ind., has passed the Minnesota board, and is now nicely located in the Pittsburg Building, Minneapolis. He writes that the outlook is very favorable.

READING NOTICES.

"Russian Rambles," by L. Hapgood, contains the following statement: "Very few Russians wear anything but linen underwear, and foreigners who have been accustomed to wear flannels are forced to abandon them in Russia."

The climate of Russia is known for its severity. Experience has taught the Russians that flannels weaken the skin and put those who wear them in constant danger of colds and pneumonia; hence, they

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Prof. Hobart A. Hare, in his recent text book on therapeutics, says: "If a census could be taken of those who die from the use of impure or weak drugs, the figures would be appalling." This statement clearly emphasizes the advisability of using remedies manufactured by reliable firms and not substitutes. For eighteen years Micajah's Medicated Uterine Wafers have stood the test as a satisfactory treatment in diseases of women, such as Leucorrhea, Endometritis, Vaginitis, Gonorrhea, etc., and if your patient does not experience the usual good results from a supposed Micajah Wafer she is in all probability using a substitute and not the genuine article.

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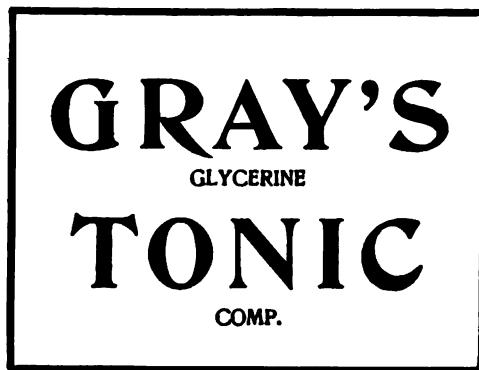
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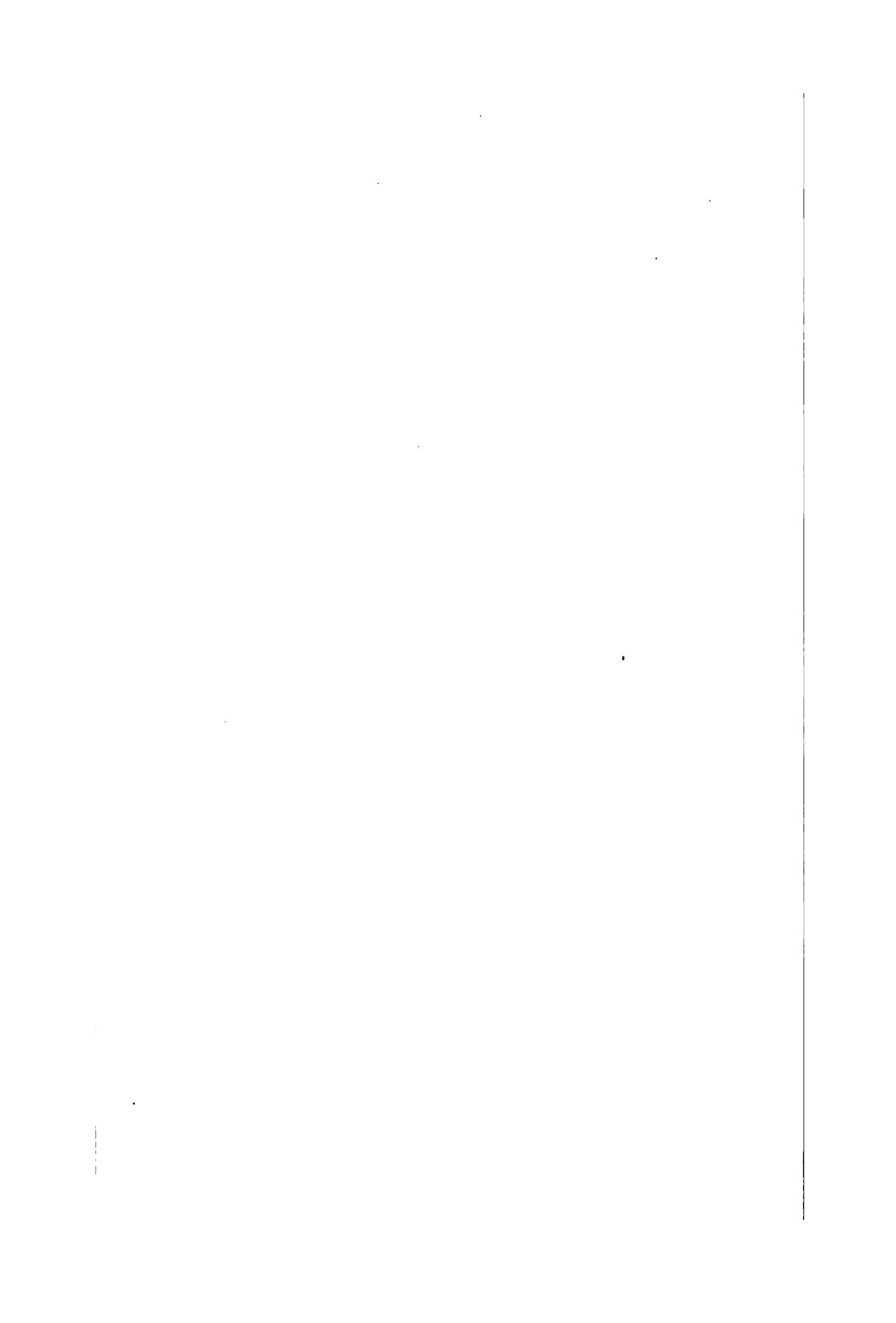
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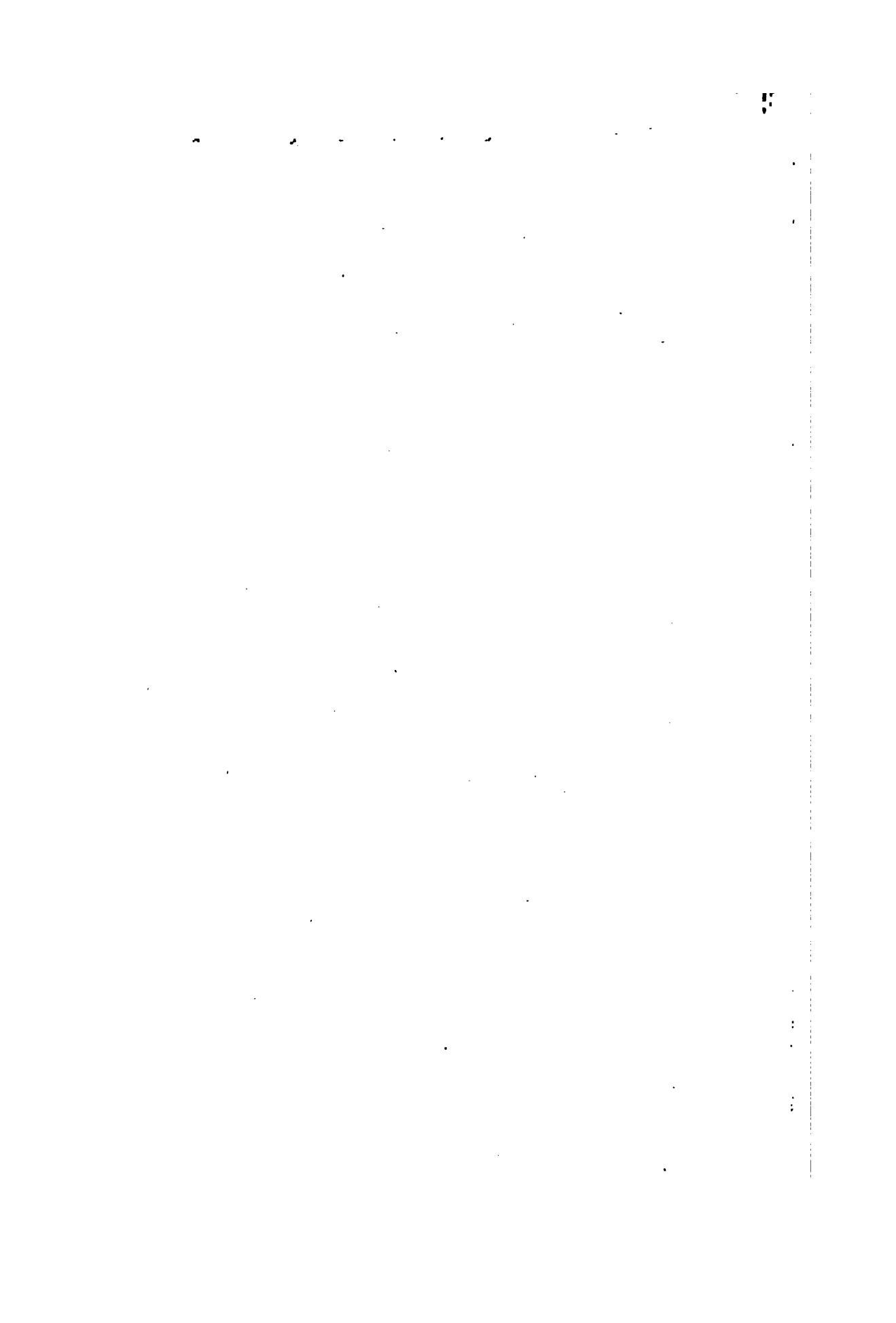
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